Case 17-15934 Doc 1 Filed 05/23/17 Entered 05/23/17 13:47:28 Desc Main Document Page 1 of 67

Fill in this information to identify your case:		
United States Bankruptcy Court for the: Northern District of: Illinois (State)		
Case number (if known)	Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13	Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yoursel	f	
	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
Your full name	Diane First name	First name
Write the name that is on your government-issued picture identification (for example, your driver's license or passport	Middle name Turner	Middle name
Bring your picture identification to your meeting with the trustee.	Last name Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
All other names you have used in the last 8 years	Diane First name	First name
Include your married or maiden names.	Middle name Penson	Middle name
	Last name	Last name
	First name	First name
	Middle name	Middle name
	Last name	Last name
3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification numbe	OR 9 xx - xx-	xxx - xx- or 9 xx - xx-
(ITIN)	- 1	

Case 17-15934 Doc 1 Filed 05/23/17 Entered 05/23/17 13:47:28 Desc Main Document Page 2 of 67

Debtor 1 Diane First Name	l urner Middle Name Last Name	Case number (if known)
	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4. Any business names and Employer	✓ I have not used any business names or EINs.	I have not used any business names or EINs.
Identification Numbers (EIN) you have used in the last	Business name	Business name
8 years	Business name	Business name
Include trade names and doing business as names	EIN	EIN
	EIN	EIN
5. Where you live		If Debtor 2 lives at a different address:
	13944 S. Indiana Ave., Apt. 2B Number Street	Number Street
	Riverdale Illinois 60827	
	City State Zip Code Cook	City State Zip Code
	County If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	County If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
	Number Street	Number Street
	City State Zip Code	City State Zip Code
6. Why you are choosing this district		Check one:
to file for bankruptcy	lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
	I have another reason. Explain. (See 28 U.S.C. §§ 1408.)	I have another reason. Explain. (See 28 U.S.C. §§ 1408.)

Case 17-15934 Doc 1 Filed 05/23/17 Entered 05/23/17 13:47:28 Desc Main Document Page 3 of 67

De	ebtor 1 Diane			Case number (if kno	wn)
	First Name	Middle Name L	Last Name		
Pa	rt 2: Tell the Court Abo	ut Your Bankruptcy Case			
7.	The chapter of the Bankruptcy Code you are choosing to file under	Check one. (For a brief description Bankruptcy (Form B2010)). Also, g Chapter 7 Chapter 11 Chapter 12 Chapter 13			
8.	How you will pay the fee	more details about how you cashier's check, or money or may pay with a credit card or I need to pay the fee in inst Individuals to Pay Your Filing. I request that my fee be was judge may, but is not require the official poverty line that a	may pay. Typically, if your der If your attorney is a reheck with a pre-printer allments. If you choose any Fee in Installments (Oraived (You may requested to, waive your fee, and applies to your family six must fill out the Application.	ou are paying the submitting your ed address. this option, sig fficial Form 103, this option only d may do so only ze and you are u	the clerk's office in your local court for a fee yourself, you may pay with cash, or payment on your behalf, your attorney on and attach the <i>Application for</i> A). If you are filing for Chapter 7. By law, a y if your income is less than 150% of inable to pay the fee in installments). If the Chapter 7 Filing Fee Waived (Official)
9.	Have you filed for bankruptcy within the last 8 years?	Ves. District District District	When When When	MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY	Case number Case number Case number
10.	Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	Ves. Debtor District Debtor District	When When	MM / DD / YYYY	Relationship to you Case number, if known Relationship to you Case number, if known
11.	Do you rent your residence?	✓ No. Go to line 12.	atement About an Eviction		you want to stay in your residence? t You (Form 101A) and file it with

Case 17-15934 Doc 1 Filed 05/23/17 Entered 05/23/17 13:47:28 Desc Main Document Page 4 of 67

Debtor 1 Diane Turner Case number (if known) Middle Name First Name Last Name Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole No. Go to Part 4. **✓** proprietor of any fullor part-time Yes. Name and location of business business? Name of business, if any A sole proprietorship is a business you operate as an Number Street individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than City State Zip Code one sole proprietorship, use a Check the appropriate box to describe your business: separate sheet and Health Care Business (as defined in 11 U.S.C. § 101(27A)) attach it to this petition. Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set Chapter 11 of the appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance **Bankruptcy Code and** sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 11 16(1)(B). are you a small business debtor? No. I am not filing under Chapter 11. V For a definition of small business debtor, No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the see 11 U.S.C. § Bankruptcy Code. 101(51D). Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have $\overline{}$ No. any property that Yes. What is the hazard? poses or is alleged to pose a threat of imminent and If immediate attention is needed, why is it needed? identifiable hazard to public health or safety? Or do you Where is the property? own any property Street Number that needs immediate attention? For example, do you own perishable goods, City State Zip Code or livestock that must be fed, or a building that needs urgent repairs?

Case 17-15934 Doc 1 Filed 05/23/17 Entered 05/23/17 13:47:28 Desc Main Document Page 5 of 67

Debtor 1 Diane Turner Case number (if known)
First Name Middle Name Last Name

Pa	rt 5: Explain Your Effor	rts to Receive a Brie	fing About Credit Counseling				
		About Debtor 1:		Abo	out Debtor 2 (Sp	oouse Only in a Joint Case):	
15.	Tell the court	You must check one:		You	must check one:		
	whether you have received briefing about credit counseling.	counseling agen	ing from an approved credit acy within the 180 days before I ptcy petition, and I received a appletion.		counseling ager	ing from an approved credit ncy within the 180 days before I ptcy petition, and I received a npletion.	
	The law requires that you receive a briefing		he certificate and the payment plan, veloped with the agency.			he certificate and the payment plan, veloped with the agency.	
aa coo coo coo coo coo coo coo coo coo c	about credit counseling before you file for bankruptcy. You must truthfully	counseling agen	ing from an approved credit ncy within the 180 days before I ptcy petition, but I do not have a npletion.		counseling ager	ing from an approved credit ncy within the 180 days before I ptcy petition, but I do not have a npletion.	
	check one of the following choices. If you cannot do so, you are not eligible to file.		er you file this bankruptcy petition, opy of the certificate and payment			er you file this bankruptcy petition, opy of the certificate and payment	
	If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.	from an approve obtain those ser made my reques	ked for credit counseling services ed agency, but was unable to vices during the 7 days after I et, and exigent circumstances emporary waiver of the		from an approve obtain those se made my reques	ked for credit counseling services ed agency, but was unable to vices during the 7 days after I st, and exigent circumstances emporary waiver of the	
		requirement, attac efforts you made t unable to obtain it	a 30-day temporary waiver of the nt, attach a separate sheet explaining what made to obtain the briefing, why you were obtain it before you filed for bankruptcy, and ent circumstances required you to file this		requirement, atta efforts you made unable to obtain i	ay temporary waiver of the ch a separate sheet explaining what to obtain the briefing, why you were t before you filed for bankruptcy, and umstances required you to file this	
			e dismissed if the court is dissatisfied for not receiving a briefing before ruptcy.		Your case may be dismissed if the court is dissatisfie with your reasons for not receiving a briefing before you filed for bankruptcy.		
		receive a briefing must file a certifica with a copy of the	fied with your reasons, you must still within 30 days after you file. You ate from the approved agency, along payment plan you developed, if any. b, your case may be dismissed.	1	receive a briefing must file a certific with a copy of the	fied with your reasons, you must still within 30 days after you file. You ate from the approved agency, along payment plan you developed, if any. o, your case may be dismissed.	
			he 30-day deadline is granted only mited to a maximum of 15 days.			he 30-day deadline is granted only mited to a maximum of 15 days.	
		I am not required counseling beca	d to receive a briefing about credit use of:		l am not require counseling beca	d to receive a briefing about credit ause of:	
		Incapacity.	I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.		Incapacity.	I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.	
		Disability.	My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.		Disability.	My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.	
		Active duty.	I am currently on active military duty in a military combat zone.		Active duty.	I am currently on active military duty in a military combat zone.	
		about credit coun	are not required to receive a briefing seling, you must file a motion for ounseling with the court.		about credit cour	are not required to receive a briefing iseling, you must file a motion for ounseling with the court.	

Case 17-15934 Doc 1 Filed 05/23/17 Entered 05/23/17 13:47:28 Desc Main Document Page 6 of 67

Debtor 1 Diane		Turner	Case number (if known)	
Part 6: First Name Answer These Que	Middle Name estions for Reporting	Last Name Purposes		
16. What kind of debts do you have?	16a. Are your debts "incurred by an incurred by Yes. Go to limit incurred by Are your debts money for a busing incurred by No. Go to limit incurred by Yes. Go to limit incurred by Are your debts money for a busing incurred by Yes. Go to limit incurred by Are your debts incurred by Yes. Go to limit incurred by Are your debts incurred b	primarily consumer debts individual primarily for a pene 16b. ine 17. primarily business debts? siness or investment or through 16c.	ersonal, family, or househ • Business debts are debt bugh the operation of the	s that you incurred to obtain business or investment.
17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	Yes. I am filing undexpenses are	under Chapter 7. Go to line 18 er Chapter 7. Do you estimate paid that funds will be availat	e that after any exempt prop	perty is excluded and administrative d creditors?
18. How many creditors do you estimate that you owe?	✓ 1-49 ☐ 50-99 ☐ 100-199 ☐ 200-999		5,000 10,000 -25,000	25,001-50,000 50,001-100,000 More than 100,000
19. How much do you estimate your assets to be worth?	\$0-\$50,000 \$50,001-\$100,00 \$100,001-\$500,0 \$500,001-\$1 milli	\$10,00 000 \$50,00	0,001-\$10 million 00,001-\$50 million 00,001-\$100 million 000,001-\$500 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
20. How much do you estimate your liabilities to be?		\$10,00 000 \$50,00	0,001-\$10 million 00,001-\$50 million 00,001-\$100 million 000,001-\$500 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
Part 7: Sign Below				
For you	correct. If I have chosen to file of title 11, United Star under Chapter 7. If no attorney represer out this document, I had I request relief in accordance.	e under Chapter 7, I am awa tes Code. I understand the nts me and I did not pay or nave obtained and read the ordance with the chapter of	are that I may proceed, if e relief available under eac agree to pay someone who notice required by 11 U.S title 11, United States Co	he information provided is true and bligible, under Chapter 7, 11,12, or 13 h chapter, and I choose to proceed no is not an attorney to help me fill S.C. § 342(b). Dode, specified in this petition. money or property by fraud in
	connection with a bar both. 18 U.S.C. §§ 15			imprisonment for up to 20 years, or
	/s/ Diane Turner Signature of Debtor	· 1	Signature of D	Debtor 2
	· ·	5/23/2017 MM / DD / YYYY	Executed or	

Case 17-15934 Doc 1 Filed 05/23/17 Entered 05/23/17 13:47:28 Desc Main Document Page 7 of 67

Debtor 1 Diane		Turner	Case number (if k	rnown)
First Name	Middle Name	Last Name		
For your attorney, if you are represented by one	eligibility to proceed un	der Chapter 7, 11, 12,	or 13 of title 11, United	ave informed the debtor(s) about I States Code, and have explained the so certify that I have delivered to the
If you are not	debtor(s) the notice requ	uired by 11 U.S.C. § 3	42(b) and, in a case in w	hich § 707(b)(4)(D) applies, certify that I
represented by an	. ,		. ,	ules filed with the petition is incorrect.
attorney, you do not	· ·	' '		•
need to file this page.	/s/ Sean McNulty		Date	5/23/2017
	Signature of Attorney	for Debtor		M / DD / YYYY
	olghataro or / titoliroj	.0. 20010.		
	Sean McNulty			
	Printed name			
	Semrad Law Firm			
	Firm name			
	11101 S. Western Ave	enue		
	Street			
	Chicago		Illinois	60643
	City		State	Zip Code
	Contact phone	3128374030	Email address	smcnulty@semradlaw.com
			Illinois	
	Bar number		State	

Case 17-15934 Doc 1 Filed 05/23/17 Entered 05/23/17 13:47:28 Desc Main Document Page 8 of 67

Fill in this information to identify your case:						
Debtor 1	Diane	Turner				
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States E	Bankruptcy Court for the:	Northern	District of Illinois			
Case number (State) (If known)						

П	Check if this is an
	amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information 12/1

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

	Your assets Value of what you own
. Schedule A/B: Property (Official Form 106A/B)	\$0.00
1a. Copy line 55, Total real estate, from Schedule A/B	·
1b. Copy line 62, Total personal property, from Schedule A/B	\$10,774.00 —
1c. Copy line 63, Total of all property on Schedule A/B	\$10,774.00
Part 2: Summarize Your Liabilities	
	Your liabilities Amount you owe
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$17,000.00
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	\$0.00
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$20,496.00
Your total liabilities	\$37,496.00
Part 3: Summarize Your Income and Expenses	
4. Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$1,865.46 —

Case 17-15934 Doc 1 Filed 05/23/17 Entered 05/23/17 13:47:28 Desc Main Document Page 9 of 67

Deb	tor 1 Diane		Turner	Case number (if known)						
	First Name	Middle Name	Last Name							
Part	4: Answer These Qu	estions for Administrati	ive and Statistical Record	s						
6. A	6. Are you filing for bankruptcy under Chapters 7, 11, or 13?									
Г	No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.									
Į.	✓ Yes.									
7. W	/hat kind of debt do you h	ave?								
•			mer debts are those incurred by ill out lines 8-10 for statistical pu	an individual primarily for a personal,						
-			•	part of the form. Check this box and su	ıhmit					
L	this form to the court wi		u have nothing to report on this	part of the form. Offeck this box and so	IDITIIC					
		<i>ur Current Monthly Income</i> Form 122B Line 11; OR , Fo	e: Copy your total current month rm 122C-1 Line 14.	nly income from Official	\$1,898.42 ————————————————————————————————————					
9.	Copy the following speci	al categories of claims from	m Part 4, line 6 of Schedule E	/F:						
	From Part 4 on Schedule	E/F, copy the following:	Total claim							
				\$0.00						
	9a. Domestic support oblig	gations (Copy line 6a.)		Ψ0.00						
	9b. Taxes and certain other	r debts you owe the governn	nent. (Copy line 6b.)	\$0.00						
	9c. Claims for death or per	sonal injury while you were ir	ntoxicated. (Copy line 6c.)	\$0.00						
	9d. Student loans. (Copy li	ine 6f)		\$0.00						
	9e. Obligations arising out of a separation agreement or d priority claims. (Copy line 6q.)			\$0.00						
			r divorce that you did not report	as <u>Ψ0.00</u>						
				\$0.00						
	9f. Debts to pension or pro	ofit-sharing plans, and other	similar debts. (Copy line 6h.)							

\$0.00

9g. Total. Add lines 9a through 9f.

Case 17-15934 Doc 1 Filed 05/23/17 Entered 05/23/17 13:47:28 Desc Main Document Page 10 of 67

Fill in this	inform	nation to identify your ca	ase:						
					Turner				
Debtor 1		Diane First Name	Middle N	lame	Turner Last Name				
Debtor 2									
(Spouse, if fi	ling)	First Name	Middle N	lame	Last Name				
United Sta	ates Ba	ankruptcy Court for the:	Northern		District of Illinois (State)				
Case num (If known)	ber								
Officia	ıl Fo	orm 106A/B						Check if this is an amended filing	
Sche	dule	e A/B: Prope	rty					12/1	
category v responsibl write your	where le for s name	you think it fits best. E supplying correct inform and case number (if k	Be as complete a mation. If more s nown). Answer e	nd ac pace very		eople are to this fo	e filing together, both a orm. On the top of any a	are equally	
Part 1:	Desc	ribe Each Residenc	e, Building, Lai	nd, o	r Other Real Estate You Own or	r Have a	ın Interest In		
			uitable interest i	in an	y residence, building, land, or simila	r propert	y?		
~	No. G	Go to Part 2							
	Yes. \	Where is the property?							
					at is the property? Check all that appl	ly.		claims or exemptions. Put ired claims on <i>Schedule D:</i>	
1.1	Street	Street address, if available, or other description			Single-family home		Creditors Who Have Claims Secured by Property		
				H	Duplex or multi-unit building Condominium or cooperative		Current value of the	Current value of the	
			_	H	Manufactured or mobile home		entire property?	portion you own?	
		0:		Ħ	Land				
	Numl	oer Street			Investment property		Describe the nature of interest (such as fee s		
	City	State	Zip Code		Timeshare Other		the entireties, or a life		
	,			Who	o has an interest in the property? Ch	heck	Check if this is co	ommunity property	
				one					
				Н	Debtor 1 only				
				Н	Debtor 2 only Debtor 1 and Debtor 2 only				
				H	At least one of the debtors and anothe	er			
				Oth	er information you wish to add abou		m. such as local		
					perty identification number:				
If you	own c	or have more than one, lis	st here:						
1.2				Wha	at is the property? Check all that appl Single-family home	ly.		claims or exemptions. Put ured claims on <i>Schedule D:</i>	
1.2	Street	address, if available, or o	other description	H	Duplex or multi-unit building		Creditors Who Have Cla	aims Secured by Property.	
				H	Condominium or cooperative		Current value of the	Current value of the	
				H	Manufactured or mobile home		entire property?	portion you own?	
	Nicos	oor Ctroot		Ħ	Land				
	Numl	oer Street			Investment property		Describe the nature of interest (such as fee s		
	City	State	Zip Code		Timeshare Other		the entireties, or a life	e estate), if known.	
	,		_,р	Ш			Check if this is co	ommunity property	
					o has an interest in the property? Ch	heck	(see instructions)		
				one	Debtor 1 only				
					Debtor 2 only				
				H	Debtor 1 and Debtor 2 only				
				H	At least one of the debtors and anothe	r			
				Oth	er information you wish to add abou	ut this ite	m, such as local		
					perty identification number:		, 		

Case 17-15934 Doc 1 Filed 05/23/17 Entered 05/23/17 13:47:28 Desc Main Document Page 11 of 67

Debtor 1	Diane First Name	Middle Name	Turner Last Name	Case number	(if known)	
1.3	et address, if available, or ot		What is the property? Check all that Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home	apply.	the amount of any secu	claims or exemptions. Put red claims on <i>Schedule D: ims Secured by Property.</i> Current value of the portion you own?
Nur	nber Street State	Zip Code	Land Investment property Timeshare Other	<u> </u>	Describe the nature or interest (such as fee s the entireties, or a life	imple, tenancy by
		[] [] [] 0	Who has an interest in the property Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and an other information you wish to add roperty identification number:	other	Check if this is co (see instructions) such as local	mmunity property
	the dollar value of the po ve attached for Part 1. Wr	rtion you own for a ite that number he	III of your entries from Part 1, inclere.	uding any entrie	s for pages	
	Describe Your Vehicle		in any vehicles, whether they are	registered or no	t? Include any vehicles	
you own t	hat someone else drives. If y ans, trucks, tractors, sport ut	ou lease a vehicle, a	also report it on Schedule G: Executo	-	-	
3.1	Make Model: Year:	Hyundai Accent 2016	Who has an interest in the proone. Debtor 1 only	perty? Check	the amount of any secu	claims or exemptions. Put ured claims on <i>Schedule D:</i> aims Secured by Property.
	Approximate mileage: Other information:	10000	Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors ar Check if this is community		Current value of the entire property? \$9975.00	Current value of the portion you own? \$9975.00
3.2	Make Model: Year:		who has an interest in the proone. Debtor 1 only	perty? Check	the amount of any secu	claims or exemptions. Put ured claims on Schedule D: aims Secured by Property.
	Approximate mileage: Other information:		Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors ar Check if this is community instructions)		Current value of the entire property?	Current value of the portion you own?

Case 17-15934 Doc 1 Filed 05/23/17 Entered 05/23/17 13:47:28 Desc Main Document Page 12 of 67

otor 1	First Name	Middle Name	Turner Last Name	Case number	er (if known)	
3.3	Make Model: Year:		Who has an interest in the one. Debtor 1 only	property? Check	Do not deduct secured the amount of any secu Creditors Who Have Cla	•
	Approximate mileage: Other information:		Debtor 2 only Debtor 1 and Debtor 2 or	nlv	Current value of the entire property?	Current value of the portion you own?
	Guior information.		At least one of the debtor	•		
			Check if this is commu instructions)			
3.4	Make Model:		Who has an interest in the one.	property? Check	Do not deduct secured the amount of any secu	red claims on <i>Schedule</i>
	Year: Approximate mileage:		Debtor 1 only			nims Secured by Propert
	Other information:		Debtor 2 only Debtor 1 and Debtor 2 or	nlv	Current value of the entire property?	Current value of the portion you own?
	Ottier imormation.		At least one of the debtor	•		<u> </u>
			Check if this is commu	nity property (see		
Exar		•	er recreational vehicles, other t, fishing vessels, snowmobiles,	vehicles, and acco		
Exar	mples: Boats, trailers, motors	•	instructions) er recreational vehicles, other	r vehicles, and accomotorcycle accessor	Do not deduct secured the amount of any secu	red claims on <i>Schedule</i>
Exar	nples: Boats, trailers, motors No Yes Make Model: Year:	•	instructions) er recreational vehicles, other t, fishing vessels, snowmobiles, Who has an interest in the	r vehicles, and accomotorcycle accessor	Do not deduct secured	red claims on <i>Schedule</i>
Exar	nples: Boats, trailers, motors No Yes Make Model: Year: Approximate mileage:	•	who has an interest in the one. Debtor 1 only Debtor 2 only	r vehicles, and accomotorcycle accessor property? Check	Do not deduct secured the amount of any secu Creditors Who Have Cla	red claims on Schedule ims Secured by Proper Current value of the
Exar	nples: Boats, trailers, motors No Yes Make Model: Year:	•	instructions) er recreational vehicles, other t, fishing vessels, snowmobiles, Who has an interest in the one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 on	r vehicles, and accomotorcycle accessor property? Check	Do not deduct secured the amount of any secu Creditors Who Have Cla	red claims on Schedule ims Secured by Proper
Exar	nples: Boats, trailers, motors No Yes Make Model: Year: Approximate mileage:	•	who has an interest in the one. Debtor 1 only Debtor 2 only	r vehicles, and accommotorcycle accessor property? Check hly s and another	Do not deduct secured the amount of any secu Creditors Who Have Cla	red claims on Schedule hims Secured by Proper Current value of the
4.1	nples: Boats, trailers, motors No Yes Make Model: Year: Approximate mileage: Other information:	•	instructions) er recreational vehicles, other t, fishing vessels, snowmobiles, Who has an interest in the one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 or At least one of the debtor Check if this is commu instructions) Who has an interest in the	r vehicles, and accommotorcycle accessor property? Check hly s and another nity property (see	Do not deduct secured the amount of any secu Creditors Who Have Cla Current value of the entire property? Do not deduct secured	red claims on Schedule ims Secured by Propertion Yellow Of the portion you own?
4.1	nples: Boats, trailers, motors No Yes Make Model: Year: Approximate mileage: Other information: Make Model:	•	instructions) er recreational vehicles, other t, fishing vessels, snowmobiles, Who has an interest in the one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 on At least one of the debtor Check if this is commu instructions) Who has an interest in the one.	r vehicles, and accommotorcycle accessor property? Check hly s and another nity property (see	Do not deduct secured the amount of any secuce Creditors Who Have Classes Current value of the entire property? Do not deduct secured the amount of any secu	red claims on Schedule ims Secured by Property Current value of the portion you own? claims or exemptions. I dred claims on Schedule
4.1	nples: Boats, trailers, motors No Yes Make Model: Year: Approximate mileage: Other information:	•	instructions) er recreational vehicles, other t, fishing vessels, snowmobiles, Who has an interest in the one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 or At least one of the debtor Check if this is commu instructions) Who has an interest in the one. Debtor 1 only	r vehicles, and accommotorcycle accessor property? Check hly s and another nity property (see	Do not deduct secured the amount of any secu Creditors Who Have Clate Current value of the entire property? Do not deduct secured the amount of any secu Creditors Who Have Clate Creditors Who Have Clate Creditors Who Have Clate Control of the Secured Creditors Who Have Clate Creditors	red claims on Scheduk nims Secured by Propen Current value of the portion you own? claims or exemptions. I
4.1	mples: Boats, trailers, motors No Yes Make Model: Year: Approximate mileage: Other information: Make Model: Year: Approximate mileage:	•	instructions) er recreational vehicles, other t, fishing vessels, snowmobiles, Who has an interest in the one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 or At least one of the debtor Check if this is commu instructions) Who has an interest in the one. Debtor 1 only Debtor 2 only	r vehicles, and accommotorcycle accessor property? Check hly as and another hity property (see property? Check	Do not deduct secured the amount of any secuce Creditors Who Have Classes Current value of the entire property? Do not deduct secured the amount of any secu	claims on Schedule control of the portion you own? claims or exemptions. I
4.1	mples: Boats, trailers, motors No Yes Make Model: Year: Approximate mileage: Other information: Make Model: Year:	•	instructions) er recreational vehicles, other t, fishing vessels, snowmobiles, Who has an interest in the one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 or At least one of the debtor Check if this is commu instructions) Who has an interest in the one. Debtor 1 only	r vehicles, and accommotorcycle accessor property? Check Inly is and another Inity property (see property? Check	Do not deduct secured the amount of any secu Creditors Who Have Classes Current value of the entire property? Do not deduct secured the amount of any secu Creditors Who Have Classes Current value of the	claims on Schedule portion you own? claims or exemptions. I ured claims on Schedule pims Secured by Propertion you of the portion you own?

Case 17-15934 Doc 1 Filed 05/23/17 Entered 05/23/17 13:47:28 Desc Main Document Page 13 of 67

D	ebtor 1 Diane	Turner	Case number (if known)	
	First Name	Middle Name Last Name		
Pa	art 3: Describe	our Personal and Household Items		
D	o you own or ha	ve any legal or equitable interest in any of the follow	ring items?	Current value of the portion you own? Do not deduct secured claims or exemptions.
_ (6. Household goods Examples: Major ap 1 No	and furnishings pliances, furniture, linens, china, kitchenware		
☑	Yes. Describe	Misc. Household Goods		\$350.00
 -	7. Electronics Examples: Televisio	ns and radios; audio, video, stereo, and digital equipment; comp	uters, printers, scanners; music	1
☑	Yes. Describe	Misc. Electronics		\$125.00
₹ √	stamp, c	lue and figurines; paintings, prints, or other artwork; books, pictures bin, or baseball card collections; other collections, memorabilia, o		1
È	Yes. Describe			
9		orts and hobbies hotographic, exercise, and other hobby equipment; bicycles, pooks; carpentry tools; musical instruments	ol tables, golf clubs, skis; canoes	
¥		no, carpertry tools, musical institutions		
_	10. Firearms Examples: Pistols, r	fles, shotguns, ammunition, and related equipment		
✓	T. N.	,		
¥	Yes. Describe			<u></u>
Н				
_		clothes, furs, leather coats, designer wear, shoes, accessories		
L	No Describe			
✓	Yes. Describe	Used Clothing		\$225.00
	12. Jewelry Examples: Everyday gold, silv	jewelry, costume jewelry, engagement rings, wedding rings, heir er	rloom jewelry, watches, gems,	
₹	Yes. Describe	Misc. Jewelry		\$50.00
	13. Non-farm anima Examples: Dogs, ca			I
	No Yes. Describe			
	14. Any other perso	nal and household items you did not already list, including	any health aids you did not list	
~	No			
Ė	Yes. Describe			
		alue of all of your entries from Part 3, including any entries It number here	for pages you have attached	\$750.00
1 N				i l

Case 17-15934 Doc 1 Filed 05/23/17 Entered 05/23/17 13:47:28 Desc Main Document Page 14 of 67

Turner Debtor 1 Diane Case number (if known) Middle Name First Name Last Name Part 4: **Describe Your Financial Assets** Current value of the Do you own or have any legal or equitable interest in any of the following? portion you own? Do not deduct secured claims or exemptions. 16. **Cash** Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition ✓ Yes \$40.00 Cash: 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. Institution name: Sherwin Williams CU \$0.00 17.1. Checking account: 17.2. Checking account: 17.3. Savings account: Sherwin Williams CU \$9.00 17.4. Savings account: 17.5. Certificates of deposit: 17.6. Other financial account: 17.7. Other financial account: 17.8. Other financial account: 17.9. Other financial account: 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No Institution or issuer name: Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture **✓** No % of ownership: Name of entity Yes. Give specific information about

Case 17-15934 Doc 1 Filed 05/23/17 Entered 05/23/17 13:47:28 Desc Main Document Page 15 of 67

Debt	tor 1 Diane		Turner	Case number (if known)	
	First Name	Middle Name	Last Name		
20.	Negotiable instruments	orate bonds and other negotials include personal checks, cashiers' ents are those you cannot transfer Issuer name:	checks, promissory no	ites, and money orders.	
21.	Retirement or pension Examples: Interests in II		. thrift savings accounts	s, or other pension or profit-sharing plans	
	✓ No		, anni caringo account	s, or early parities. or promonantly plane	
	Yes. List each	Type of account:	Institution name:		
	account	401(k) or similar plan:			
	separately.	Pension plan:			
		IRA:			
			-		
		Retirement account:	_		
		Keogh:			
		Additional account:			
		Additional account:			
22.		prepayments d deposits you have made so that with landlords, prepaid rent, public			
	Yes	Electric:			
		Gas:			
		Heating oil:			
		Security deposit on rental unit:			
		Prepaid rent:			
		Telephone:	_		
		Water:			
		Rented furniture:			
		Other:			
23.	Annuities (A contract for	or a periodic payment of money to	you, either for life or fo	r a number of years)	
	✓ No ☐ Yes	Issuer name and description:			

Case 17-15934 Doc 1 Filed 05/23/17 Entered 05/23/17 13:47:28 Desc Main Document Page 16 of 67

Debto	or 1 <u>Diane</u>		Turner	Case number (if known)	
	First Name	Middle Name	Last Name		
24.		n education IRA, in an account in 30(b)(1), 529A(b), and 529(b)(1).	a qualified ABLE program, or ur	nder a qualified state tuition program.	
	✓ No Yes	Institution name and description. Se	parately file the records of any inte	rests.11 U.S.C. § 521(c):	
25	Truoto oquito	blo or futuro intorocto in proportu	(other then emothing listed in li	no 1) and rights or powers	
25.	exercisable fo	ble or future interests in property r your benefit	(other than anything listed in ii	ne 1), and rights or powers	
	✓ No Yes. Descr	ibe			
26.		rights, trademarks, trade secrets,			
	No Yes. Descr		, 5		
	165. 2656				
27.		chises, and other general intangi ding permits, exclusive licenses, coo		or licenses, professional licenses	
	✓ No				
	Yes. Descr	ibe			
	-				
Mon	ey or propert	ty owed to you?			Current value of the portion you own? Do not deduct secured claims or exemptions.
	ey or propert Tax refunds ow				portion you own? Do not deduct secured
					portion you own? Do not deduct secured
	Tax refunds ow ✓ No ☐ Yes. Give s	red to you pecific information		Federal:	portion you own? Do not deduct secured
	Tax refunds ow ✓ No — Yes. Give si about you al	pecific information them, including whether lready filed the returns		Federal: State:	portion you own? Do not deduct secured claims or exemptions.
	Tax refunds ow ✓ No — Yes. Give si about you al	red to you pecific information them, including whether			portion you own? Do not deduct secured claims or exemptions.
28.	Tax refunds ow No Yes. Give si about you al and the	pecific information them, including whether lready filed the returns ne tax years	support, child support, maintenanc	State:	portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00
28.	Tax refunds ow ✓ No Yes. Give si about you al and the Family support Examples: Past ✓ No	pecific information them, including whether iready filed the returns ne tax years	support, child support, maintenand	State: Local:	portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00
28.	Tax refunds ow ✓ No Yes. Give si about you al and the Family support Examples: Past ✓ No	pecific information them, including whether lready filed the returns ne tax years	support, child support, maintenanc	State: Local: ce, divorce settlement, property settlemen	portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00
28.	Tax refunds ow ✓ No Yes. Give si about you al and the Family support Examples: Past ✓ No	pecific information them, including whether iready filed the returns ne tax years	support, child support, maintenand	State: Local: ce, divorce settlement, property settlement Alimony:	portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 t
28.	Tax refunds ow ✓ No Yes. Give si about you al and the Family support Examples: Past ✓ No	pecific information them, including whether iready filed the returns ne tax years	support, child support, maintenand	State: Local: ce, divorce settlement, property settlement Alimony: Maintenance:	portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 t \$0.00
28.	Tax refunds ow ✓ No Yes. Give si about you al and the Family support Examples: Past ✓ No	pecific information them, including whether iready filed the returns ne tax years	support, child support, maintenand	State: Local: ce, divorce settlement, property settlement Alimony: Maintenance: Support:	portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 t \$0.00 \$0.00 \$0.00
29.	Tax refunds ow ✓ No Yes. Give syabout you all and the support Examples: Past ✓ No Yes. Give syabout you all and the support Examples: Past	pecific information them, including whether iready filed the returns he tax years		State: Local: De, divorce settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement:	portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 t \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
29.	Tax refunds ow ✓ No Yes. Give syabout you all and the samples: Past ✓ No Yes. Give syabout you all and the samples: Past ✓ No Yes. Give syabout you all and the samples: Unpast you all and the you all	pecific information them, including whether iready filed the returns he tax years	ents, disability benefits, sick pay, v	State: Local: ce, divorce settlement, property settlement Alimony: Maintenance: Support: Divorce settlement:	portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 t \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
29.	Tax refunds ow ✓ No Yes. Give syabout you all and the samples: Past ✓ No Yes. Give syabout you all and the samples: Past ✓ No Yes. Give syabout you all and the samples: Unpast you all and the you all	pecific information them, including whether iready filed the returns ne tax years	ents, disability benefits, sick pay, v	State: Local: De, divorce settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement:	portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 t \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
29.	Tax refunds ow No Yes. Give spatout you all and the second of the secon	pecific information them, including whether lready filed the returns he tax years	ents, disability benefits, sick pay, v	State: Local: De, divorce settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement:	portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 t \$0.00 \$0.00 \$0.00 \$0.00 \$0.00

Case 17-15934 Doc 1 Filed 05/23/17 Entered 05/23/17 13:47:28 Desc Main Document Page 17 of 67

Deb	tor 1 Diane		Turner	Case number (if known)	
	First Name	Middle Nam	e Last Name		
31.	Interests in insurance Examples: Health, disabi		ealth savings account (HSA); credit, h	nomeowner's, or renter's insurance	
	No Yes. Name the insur of each policy and li		Company name:	Beneficiary:	Surrender or refund value:
32.		of a living trust, expec	n someone who has died t proceeds from a life insurance polic	y, or are currently entitled to receive	
33.	Claims against third pa		t you have filed a lawsuit or made surance claims, or rights to sue	a demand for payment	
34.	Other contingent and to set off claims No Yes. Describe	unliquidated claims c	of every nature, including counter	claims of the debtor and rights	
35.	Any financial assets you No Yes. Describe	ou did not already list			
36.		-	om Part 4, including any entries fo		\$49.00
Part	_			nterest In. List any real estate in Pa	art 1.
37.	No. Go to Part 6. Yes. Go to line 38.	y legal or equitable i≀	nterest in any business-related pr	operty?	Current value of the portion you own? Do not deduct secured claims or exemptions
38.	Accounts receivable o	r commissions you al	ready earned		or exemptions
	Yes. Describe				
39.				achines, rugs, telephones, desks, chairs, el	ectronic devices
	Yes. Describe				
	-				

Case 17-15934 Doc 1 Filed 05/23/17 Entered 05/23/17 13:47:28 Desc Main Document Page 18 of 67

Debt	tor 1 Diane	Turner	Case number (if known)	
40.	First Name Middle Nam Machinery, fixtures, equipment, supplies yo		trade	
		,		
	✓ No Yes. Describe			
11	Inventory			
71.				
	✓ No Yes. Describe			
	Test December			
40				
42.	Interests in partnerships or joint ventures			
	✓ No	Name of entity:	% of ownership:	
	Yes. Give specific information about			
	them			
12 (Customer lists, mailing lists, or other compil	ations		-
43. (ations		
	✓ No Yes. Do your lists include personally identified.	fighle information (as defined in 11 IIS	C & 101(/14))2	
	res. Do your lists include personally lacing	nable information (as defined in 11 0.0.	3. 3 101(+179):	
	No			
	Yes. Describe			
44.	Any business-related property you did not a	already list		
	✓ No			
	Yes. Give specific		_	
	information			
				
				
	dd the dollar value of all of your entries from			
or Pa	art 5. Write that number here			
Part	6: Describe Any Farm- and Commerce If you own or have an interest in farmland, list		ou Own or Have an Interest In.	
46.	Do you own or have any legal or equitable	interest in any farm- or commercial t	ishing-related property?	
	No. Go to Part 7.			Current value of the portion you own?
	Yes. Go to line 47.			Do not deduct secured claims
17	Form onimals			or exemptions
47.	Farm animals Examples: Livestock, poultry, farm-raised fish			
	✓ No			
	Yes. Describe			
	_			

Case 17-15934 Doc 1 Filed 05/23/17 Entered 05/23/17 13:47:28 Desc Main Document Page 19 of 67

Debt	tor 1 Diane First Name		urner C	ase number (if known)	
48.	Crops-either growing				
	No Yes. Describe				
49.	Farm and fishing equip	oment, implements, machinery, fixture	s, and tools of trade		
	✓ No				
	Yes. Describe				
50.	Farm and fishing supp	lies, chemicals, and feed			
	✓ No				
	Yes. Describe				
51.		rcial fishing-related property you did n	ot already list		
	✓ No Yes. Describe				
		Il of your entries from Part 6, including		have attached	
•				_	
Part 1	7: Describe All Pro	perty You Own or Have an Intere	st in That You Did Not L	ist Above	
53.		perty of any kind you did not already li s, country club membership	st?		
	✓ No	s, country club membership			
	Yes. Give specific				
	information				
54. A	dd the dollar value of al	I of your entries from Part 7. Write tha	t number here)	•
		•			
Part 8	8: List the Totals of	Each Part of this Form			
55. F	Part 1: Total real estate	, line 2			
56. r	oart 2 total vehicles, lin	e 5	\$9975.00		
57. P	art 3: Total personal an	nd household items, line 15	\$750.00		
58. P	art 4: Total financial as	ssets, line 36	\$49.00		
59. F	Part 5: Total business-re	elated property, line 45			
60. F	Part 6: Total farm- and f	fishing-related property, line 52			
61. F	Part 7: Total other prop	erty not listed, line 54			
62.1	Fotal personal property.	Add lines 56 through 61	\$10774.00	Copy personal property total ▶	+ \$10774.00
					\$10774.00
63. T	otal of all property on S	schedule A/B. Add line 55 + line 62			

Case 17-15934 Doc 1 Filed 05/23/17 Entered 05/23/17 13:47:28 Desc Main

Fill in				
	this information to identify your cas	se:		
Debte			Turner	
Debte	First Name or 2	Middle Name	Last Name	
	e, if filing) First Name	Middle Name	Last Name	
Unite	d States Bankruptcy Court for the:	Northern E	District of Illinois (State)	
Case (If know	number vn)		(State)	
Off	icial Form 106C			Check if this is a amended filing
	nedule C: The Prope	rty You Claim a	s Exempt	04/1
tax-e	xempt retirement funds—may	be unlimited in dollar a		aids, rights to receive certain benefits, and in exemption of 100% of fair market value
your Part	r a law that limits the exemption would be limited to 1: Identify the Property You of Which set of exemptions are you of You are claiming state and fed	the applicable statutor Claim as Exempt Laiming? Check one only, ex	y amount. ven if your spouse is filing with you.	
your Part	exemption would be limited to 1: Identify the Property You (Which set of exemptions are you c	the applicable statutor Claim as Exempt laiming? Check one only, exempt eral nonbankruptcy exempt	y amount. ven if your spouse is filing with you. otions. 11 U.S.C. § 522(b)(3)	operty is determined to exceed that amount
Part	I: Identify the Property You Continued to the Property You are claiming the Property You	Claim as Exempt laiming? Check one only, exempt eral nonbankruptcy exempt ptions. 11 U.S.C. § 522(b)(y amount. ven if your spouse is filing with you. otions. 11 U.S.C. § 522(b)(3)	operty is determined to exceed that amount
Part 1.	I: Identify the Property You Continued to the Property You are claiming the Property You	Claim as Exempt laiming? Check one only, everal nonbankruptcy exempt ptions. 11 U.S.C. § 522(b)(ule A/B that you claim as everal conditions.	ven if your spouse is filing with you. otions. 11 U.S.C. § 522(b)(3)	m Specific laws that allow exemption
Part 1. 2.	I: Identify the Property You (Which set of exemptions are you of You are claiming state and fed You are claiming federal exem For any property you list on Schedu Brief description of the property arine on Schedule A/B that lists this property	Claim as Exempt laiming? Check one only, everal nonbankruptcy exempt ptions. 11 U.S.C. § 522(b)(ule A/B that you claim as everal nonbankruptcy exempt country to be a second of the portion you own Copy the value from Schedule A/B	y amount. yen if your spouse is filing with you. otions. 11 U.S.C. § 522(b)(3) 2) exempt, fill in the information below. Amount of the exemption you claim	m Specific laws that allow exemption
Part 1. 2.	I: Identify the Property You (Which set of exemptions are you of You are claiming state and fed You are claiming federal exem For any property you list on Schedularie description of the property arine on Schedule A/B that lists this property	Claim as Exempt laiming? Check one only, everal nonbankruptcy exempt ptions. 11 U.S.C. § 522(b)(ule A/B that you claim as everal company of the portion you own Copy the value from	y amount. Iven if your spouse is filing with you. Indions. 11 U.S.C. § 522(b)(3) Indicate: It is a specific property of the exemption of the exemption you claim. It is a specific property of the exemption of the exemption of the exemption of the exemption of the exemption.	m Specific laws that allow exemption tion. 735 ILCS 5/12-1001(b)
Part 1. 2.	Itemption would be limited to Which set of exemptions are you of You are claiming state and fed You are claiming federal exemption any property you list on Schedule Brief description of the property are ine on Schedule A/B that lists this property Brief description:	Claim as Exempt laiming? Check one only, everal nonbankruptcy exempt ptions. 11 U.S.C. § 522(b)(ule A/B that you claim as everal nonbankruptcy exempt country to be a second of the portion you own Copy the value from Schedule A/B	y amount. yen if your spouse is filing with you. btions. 11 U.S.C. § 522(b)(3) 2) exempt, fill in the information below. Amount of the exemption you claim Check only one box for each exempt	m Specific laws that allow exemption tion. 735 ILCS 5/12-1001(b)
Part 1.	I: Identify the Property You Continued to the Property You are claiming state and fed You are claiming federal exempton and property you list on Schedule A/B that lists this property the Property Arise description: Misc. Household Goods Line from Schedule A/B: Brief Brief Brief Brief	Claim as Exempt laiming? Check one only, everal nonbankruptcy exempt ptions. 11 U.S.C. § 522(b)(ule A/B that you claim as everal nonbankruptcy exemptions. Current value of the portion you own Copy the value from Schedule A/B \$350.00	y amount. Iven if your spouse is filing with you. Ditions. 11 U.S.C. § 522(b)(3) 2) Exempt, fill in the information below. Amount of the exemption you claim Check only one box for each exempt 350.00 100% of fair market value, up applicable statutory limit	m Specific laws that allow exemption tion. 735 ILCS 5/12-1001(b)
Part 1. 2.	I: Identify the Property You Continued to the Identify the Property You Continued to Item Identify the Property You Continued Item Identify the Property You are claiming state and fed Identify You are claiming federal exemulations on Identify Identified Id	Claim as Exempt laiming? Check one only, everal nonbankruptcy exempt ptions. 11 U.S.C. § 522(b)(ule A/B that you claim as everal nonbankruptcy exempt country to be a second of the portion you own Copy the value from Schedule A/B	y amount. Iven if your spouse is filing with you. Dotions. 11 U.S.C. § 522(b)(3) 2) Exempt, fill in the information below. Amount of the exemption you claim Check only one box for each exempt \$350.00 100% of fair market value, up	m Specific laws that allow exemption fion. 735 ILCS 5/12-1001(b) 735 ILCS 5/12-1001(a)

☐ No Yes

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

Case 17-15934 Doc 1 Filed 05/23/17 Entered 05/23/17 13:47:28 Desc Main Document Page 21 of 67

Turner Debtor 1 Diane Case number (if known) Middle Name First Name Last Name Part 2: **Additional Page** Brief description of the property and **Current value of** Amount of the exemption you claim Specific laws that allow exemption line on Schedule A/B that lists this the portion you property Check only one box for each exemption. own Copy the value from Schedule A/B 735 ILCS 5/12-1001(b) Brief \$50.00 description: V \$50.00 Misc. Jewelry 100% of fair market value, up to any Line from applicable statutory limit Schedule A/B: 12 735 ILCS 5/12-1001(b) Brief \$125.00 description: **✓** \$125.00 Misc. Electronics 100% of fair market value, up to any Line from applicable statutory limit Schedule A/B: 07 735 ILCS 5/12-1001(b) Brief \$40.00 description: **✓** \$40.00 Cash on Hand 100% of fair market value, up to any Line from applicable statutory limit Schedule A/B: 16 735 ILCS 5/12-1001(c); 735 ILCS Brief \$9,975.00 description: 5/12-1001(b) Hyundai Accent, 2016 100% of fair market value, up to any Line from applicable statutory limit Schedule A/B: 03 Brief 735 ILCS 5/12-1001(b) \$0.00 description: **✓** \$0 Checking account, 100% of fair market value, up to any Sherwin Williams CU applicable statutory limit Line from Schedule A/B: 17 Brief 735 ILCS 5/12-1001(b) \$9.00 description: \$9.00 Savings account,

100% of fair market value, up to any

applicable statutory limit

Sherwin Williams CU

17

Line from Schedule A/B:

Case 17-15934 Doc 1 Filed 05/23/17 Entered 05/23/17 13:47:28 Desc Main Document Page 22 of 67

		D	ocument Page 22 or	07		
Fill in this in	nformation to identify your ca	se:				
Debtor 1	Diane		Turner			
	First Name	Middle Name	Last Name			
Debtor 2 (Spouse, if filin	g) First Name	Middle Name	Last Name			
United State	es Bankruptcy Court for the:	Northern	District of Illinois			
Case numb	or		(State)			
(If known)						
Officia	al Form 106D			<u>.</u>		Check if this is a amended filing
Schoo	dule D. Credita	ors Who Ha	ve Claims Secure	ad by Prop	artv	10/1
						12/1
more space	-		le are filing together, both are equ mber the entries, and attach it to t	•		
	ny creditors have claims se	ocured by your proper	tv?			
	-		with your other schedules. You hav	ve nothing else to rep	ort on this form	
=	es. Fill in all of the information		war your outer correction. For have	o nouning olde to rep	ort orr trilo form.	
		i below.				
Part 1: L	ist All Secured Claims					
	all secured claims. If a credit			Column A	Column B	Column C
	<u> </u>	· ·	rticular claim, list the other creditors order according to the creditor's	Amount of claim Do not deduct the	Value of collateral	Unsecured portion
nam	•		3	value of collateral.	that supports	If any
					this claim	
	onal Acceptance Co	Describe the property	that secures the claim:	\$17,000.00	\$9,975.00	\$7,025.00
	0 E Fire Tower Road	Hyundai Accent Value	: \$9,975.00			
N	umber Street	As of the date you file	e, the claim is: Check all that apply.			
		Contingent				
Gree	enville NC 27858	Unliquidated				
City	State ZIP Code owes the debt? Check one.	Disputed				
_	Debtor 1 only	Nature of lien. Check	all that apply.			
	Debtor 2 only		made (such as mortgage or secured			
	Debtor 1 and Debtor 2 only	car loan)				
	At least one of the debtors	Statutory lien (such	n as tax lien, mechanic's lien)			
	and another	Judgment lien fror	n a lawsuit			
	Check if this claim relates to a community debt	Other (including a	right to offset)			
Date	debt was	Last 4 digits of accou	ınt number			

Add the dollar value of your entries in Column A on this page. Write that number

here:

\$17,000.00

Case 17-15934 Doc 1 Filed 05/23/17 Entered 05/23/17 13:47:28 Desc Main Document Page 23 of 67

Fill	in this infor	mation to identify your c	case:					
Deb	otor 1	Diane		Turner				
		First Name	Middle Name	Last Name				
	otor 2							
(Spc	ouse, if filing)	First Name	Middle Name	Last Name				
Uni	ted States E	Bankruptcy Court for the:	Northern	District of Illinois				
Coo	se number			(State)				
	nown)	-						
Of	ficial F	orm 106E/F				Ch	eck if this is ar	n amended filing
			م مالک میرم کالم	Hava Haaa	aurad Olaima			
50	cneai	lie E/F: Gre	editors who	nave unse	cured Claims			12/15
othe Forn clair	er party to n 106A/B) ms that are entries in t	any executory contract: and on Schedule G: Exe e listed in Schedule D: C	s or unexpired leases that ecutory Contracts and Une Creditors Who Hold Claims	t could result in a claim expired Leases (Official s Secured by Property. I	ns and Part 2 for creditors wit . Also list executory contracts Form 106G). Do not include f more space is needed, copy top of any additional pages, v	s on Sched ny credito the Part y	<i>lule A/B: Prop</i> ers with partia ou need, fill i	perty (Official ally secured it out, number
Par	rt 1: List	All of Your PRIORIT	Y Unsecured Claims					
1.	Do any c	reditors have priority ur	nsecured claims against y	ou?				
	✓ No.	Go to Part 2.						
	Yes.							
2.	listed, ide As much Continuat	ntify what type of claim it as possible, list the claims tion Page of Part 1. If mor	is. If a claim has both priori	ty and nonpriority amound ding to the creditor's nam particular claim, list the ot		both priori	y and nonprio	rity amounts.
						Tatal	Delaultu	Mannulaultu

claim

amount

amount

Case 17-15934 Doc 1 Filed 05/23/17 Entered 05/23/17 13:47:28 Desc Main Document Page 24 of 67

Debte	or 1	Diane Turne First Name Middle Name Last N		Case number (if known)	
Part	g.	First Name Middle Name Last N List All of Your NONPRIORITY Unsecured Claims	vame		
3. I	Do a	any creditors have nonpriority unsecured claims against you No. You have nothing to report in this part. Submit this form Yes.		court with your other schedules.	
4. I	unse If me	all of your nonpriority unsecured claims in the alphabetical ecured claim, list the creditor separately for each claim. For each clore than one creditor holds a particular claim, list the other creditor e of Part 2.	laim lis	sted, identify what type of claim it is. Do not list claims already inc	cluded in Part 1.
4.4	^ -	TNI ING			Total claim
4.1	No	FNI, INC. onpriority Creditor's Name		_ast 4 digits of account number3750	\$483.00
	_	O Box 3517 umber Street		As of the date you file, the claim is: Check all that apply.	
			— í	Contingent	
	<u>Bl</u> Ci	loomingtonIllinois61702ityStateZip Code	— [Unliquidated	
	W	/ho incurred the debt? Check one. Debtor 1 only	[Disputed	
	Ľ	Debtor 2 only	1	Type of NONPRIORITY unsecured claim:	
		Debtor 1 and Debtor 2 only	ı T	Student loans Obligations arising out of a separation agreement or	
		At least one of the debtors and another		divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar	
		Check if this claim relates to a community debt		debts	
	IS	the claim subject to offset? No	L	Other. Specify ORIGINAL CREDITOR: AT T	
		Yes			
4.2		B/BEDFAIR onpriority Creditor's Name	— ı	ast 4 digits of account number8315	\$455.00
	PC	UBOX 182789 umber Street	\	When was the debt incurred? 8/2016	
	INC	uilibei Sueet	/	As of the date you file, the claim is: Check all that apply.	
	_	OLUMBUS Ohio 43218	_	Contingent Unliquidated	
		ity State Zip Code I'ho incurred the debt? Check one.	į	Disputed	
	V	Debtor 1 only	1	 Гуре of NONPRIORITY unsecured claim:	
	L	Debtor 2 only Debtor 1 and Debtor 2 only	[Student loans	
	F	At least one of the debtors and another	L	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
		Check if this claim relates to a community debt	[Debts to pension or profit-sharing plans, and other similar debts	
	Is	the claim subject to offset?	[✓ Other. Specify CreditCard	
	Ľ	✓ No Yes			
4.3	C	CB/BLAIR		_ast 4 digits of account number 3928	\$552.00
		onpriority Creditor's Name 220 Hickory St.,		When was the debt incurred? 3/2016	
	Νι	umber Street		As of the date you file, the claim is: Check all that apply.	
	w	/arren Pennsylvania 16366	— <u>[</u>	Contingent	
	Ci	ity State Zip Code	_ ¦	Unliquidated Disputed	
	V	ho incurred the debt? Check one. Debtor 1 only	1	Disputed Type of NONPRIORITY unsecured claim:	
		Debtor 2 only	ſ	Student loans	
		Debtor 1 and Debtor 2 only	į	Obligations arising out of a separation agreement or	
		At least one of the debtors and another	Γ	divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar	
	L	Check if this claim relates to a community debt the claim subject to offset?		debts Other. Specify CreditCard	
	.s	-	L	<u> </u>	
		Ves			

Case 17-15934 Doc 1 Filed 05/23/17 Entered 05/23/17 13:47:28 Desc Main Document Page 25 of 67

Debtor 1 Diane Turner Case number (if known) Middle Name First Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.4 City of Blue Island \$200.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 13051 Greenwood Ave Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60406 Illinois City Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify ___ Other Is the claim subject to offset? **✓** No Yes COMENITY BANK/WOMNWTHN \$324.00 Last 4 digits of account number _ Nonpriority Creditor's Name When was the debt incurred? 7/2016 4590 E BROAD ST Number As of the date you file, the claim is: Check all that apply. Contingent COLUMBUS 43213 Ohio Unliquidated City State Zip Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts CreditCard Other. Specify _ Is the claim subject to offset? **✓** No Yes COMENITYBK/JESSLON 4.6 \$442.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 6/2016 PO BOX 182746 Number As of the date you file, the claim is: Check all that apply. Contingent COLUMBUS 43218 Ohio Unliquidated City State Zip Code Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts CreditCard Other. Specify __ Is the claim subject to offset? **✓** No

Yes

Case 17-15934 Doc 1 Filed 05/23/17 Entered 05/23/17 13:47:28 Desc Main Document Page 26 of 67

Debtor 1 Diane Turner Case number (if known) Middle Name First Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.7 CONVERGENT OUTSOURCING \$196.00 Last 4 digits of account number 5352 Nonpriority Creditor's Name 10750 HAMMERLY BLVD #200 When was the debt incurred? 3/2015 Number As of the date you file, the claim is: Check all that apply. Contingent Houston Texas 77043 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt 001 Collection; Collecting for Is the claim subject to offset? **V** ORIGINAL CREDITOR: **✓** No Other. Specify COMCAST Yes 4.8 MERRICK BK \$762.00 Last 4 digits of account number 1401 Nonpriority Creditor's Name When was the debt incurred? POB 9201 Number Street As of the date you file, the claim is: Check all that apply. Contingent OLD BETHPAGE New York 11804 Unliquidated Zip Code City State Who incurred the debt? Check one. Disputed Debtor 1 only **|** Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify ___ CreditCard Is the claim subject to offset? **✓** No 4.9 Santander Consumer USA \$8,380.00 Last 4 digits of account number Nonpriority Creditor's Name 14101 MYFORD RD FL 2 When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated TUSTIN California 92780 City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar At least one of the debtors and another debts Check if this claim relates to a community debt Other. Specify Other

✓ No ☐ Yes

Is the claim subject to offset?

Case 17-15934 Doc 1 Filed 05/23/17 Entered 05/23/17 13:47:28 Desc Main Document Page 27 of 67

Debtor 1 Diane Turner Case number (if known) Middle Name First Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.10 SEVENTH AVENUE \$524.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 800849 When was the debt incurred? 8/2008 Street As of the date you file, the claim is: Check all that apply. c/o M. E. Bennett Contingent Dallas Texas 75380 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify ___ CreditCard Is the claim subject to offset? Yes 4.11 Stroger Hospital of Cook County \$7,000.00 Last 4 digits of account number Nonpriority Creditor's Name 1900 W Polk Street When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60612 Chicago Illinois City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other Other. Specify ___ Is the claim subject to offset? **✓** No Yes SYNCB/CAR CARE SYN CAR 4.12 \$178.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 960061 When was the debt incurred? 12/2016 Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 32896 Orlando Florida Zip Code Disputed City State Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt CreditCard Other. Specify Is the claim subject to offset? **✓** No

Yes

Case 17-15934 Doc 1 Filed 05/23/17 Entered 05/23/17 13:47:28 Desc Main Document Page 28 of 67

Debtor	1 Diane		Turner	Case number (if known)				
	First Name	Middle Name	Last Name					
Part 2:	Your NONPRIORITY Unse	cured Claims - Co	ntinuation Page	•				
	After listing any entries on this	page, number them b	eginning with 4.5	, followed by 4.6, and so forth.	Total claim			
4.13	TCA Health, Inc		Lasi	t 4 digits of account number	\$1,000.00			
	Nonpriority Creditor's Name 1029 E 130th St			When was the debt incurred?				
	Number Street			file data and the data and the standard to the				
				As of the date you file, the claim is: Check all that apply.				
				Contingent				
9	Chicago Illinois	Illinois 60628		Unliquidated				
	City State	Zip Cod	le	Disputed				
	Who incurred the debt? Check one. Debtor 1 only			e of NONPRIORITY unsecured claim:				
	<u> </u>			Student loans				
	Debtor 2 only		H	Obligations arising out of a separation agreement or				
	Debtor 1 and Debtor 2 only			divorce that you did not report as priority claims				
	At least one of the debtors and another Check if this claim relates to a community debt			Debts to pension or profit-sharing plans, and other similar debts				
				Other. Specify Other				
	Is the claim subject to offset?		ت.					
	✓ No							
	Yes							

Case 17-15934 Doc 1 Filed 05/23/17 Entered 05/23/17 13:47:28 Desc Main Document Page 29 of 67

Debtor 1 Diane Turner Case number (if known)

FIRST Na	me Middle Name Last Name			
Part 4: Add t	ne Amounts for Each Type of Unsecured Claim			
	amounts of certain types of unsecured claims. This information is nounts for each type of unsecured claim.	s for s	tatistical reporting	purpos
			Total claims	
Total claims from Part 1	6a. Domestic support obligations.	6a.	\$0.00	
	6b. Taxes and certain other debts you owe the government	6b.	\$0.00	
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$0.00	
	6d. Other. Add all other priority unsecured claims. Write that	6d.	\$0.00	
	amount here. 6e. Total. Add lines 6a through 6d.		\$0.00	
	oc. Total. Add lines of through od.	6e.		
			Total claims	
Total claims from Part 2	6f. Student loans	6f.	\$0.00	
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$0.00	
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$0.00	
	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$20,496.00	
	6i Total Add lines 6f through 6i	6i	\$20,496.00	

Case 17-15934 Doc 1 Filed 05/23/17 Entered 05/23/17 13:47:28 Desc Main Document Page 30 of 67

First Name Middle Name Last Name
riist name i i i i i i i i i i i i i i i i i i i
Debtor 2
(Spouse, if filing) First Name Middle Name Last Name
United States Bankruptcy Court for the: Northern District of Illinois
(State)
Case number (If known)

Official Form 106G

Check if this is an amended filing

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or compa	any with whom you hav	e the contract or lease	State what the contract or lease is for
Young, Donald Name			Residential Lease, Other, Month to Month Lease
Number	Street		
City	State	Zip Code	

Case 17-15934 Doc 1 Filed 05/23/17 Entered 05/23/17 13:47:28 Desc Main Document Page 31 of 67

			Do	cument rage	C 31 01 01
Fill in t	this infor	mation to identify your c	ase:		
Debtoi	r 1	Diane		Turner	
		First Name	Middle Name	Last Name	
Debto		=			
(Spouse	e, if filing)	First Name	Middle Name	Last Name	
United	States E	Sankruptcy Court for the:	Northern	District of Illinois	
Case r	number			(State)	
(If know					
					Check if this is an
O (()					amended filing
Offi	cial	Form 106H			
Cab		a III. Varre Caa	labtava		
<u>Scn</u>	eaui	e H: Your Cod	leptors		12/15
the ent	ries in t). Answe	he boxes on the left. At r every question.		to this page. On the to	space is needed, copy the Additional Page, fill it out, and number op of any Additional Pages, write your name and case number (if a codebtor.)
	aho, Lou	uisiana, Nevada, New Mex	lived in a community pro kico, Puerto Rico, Texas, W		? (Community property states and territories include Arizona, California, n.)
_		Go to line 3.			
	_		er spouse, or legal equiva	lent live with you at the t	time?
		No			
		Yes. In which communit	y state or territory did you	ı live?	Fill in the name and current address of that person.
		Name of your spouse, f	ormer spouse, or legal equ	valent	
		Number Street			
		City	State	Zip Co	ode
3. In	Column	ı 1, list all of your codel	otors. Do not include you	spouse as a codebtor i	if your spouse is filing with you. List the person shown in line 2

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line a again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Case 17-15934 Doc 1 Filed 05/23/17 Entered 05/23/17 13:47:28 Desc Main Document Page 32 of 67

Case number Interview Case number Case				9		
Debtor 2 Check if this is: Check if this	Fill in this information to identify	your case:				
Debtor 2 Spraces, if filling First Name Middle Name Last Name Middle Name Last Name Middle Name Last Name Middle Name Mi						
United States Bankruptcy Court for Northern District of litinos (State) White States Bankruptcy Court for Northern District of litinos (State) White Northern District of litinos (State) Schedule I: Your Income Be as complete and accurate as possible. If two married people are filling together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filling jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filling with you, do not include information about your spouse. If you are separated and your spouse is not filling with you, do not include information about your spouse. If you are separated and your spouse is not filling with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and on unmber (if known). Answer every question. Part 1: Describe Employment If you have more than one job, attach a separate page with information about additional employers. Occupation may include student or homemaker, if it applies. Part 2: Give Details About Monthly Income Employer's address Occupation may include student or homemaker, if it applies. Part 2: Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-fispouse unless you are separated and to this form. For Debtor 1 For Debtor 1 For Debtor 2 For Debtor 2 For Debtor 2 For Debtor 2 For Debtor 3 For Debtor 4 For Debtor 4 For Debtor 4 For Debtor 5 For Debtor 4 For Debtor 6 For Debtor 9 State 1 For Debtor 9 For Debtor 9		Middle Name	Last Na	ame	Che	eck if this is:
United States Bankruptcy Court for the: District of Illinois Aupplement showing post-petition chaexpenses as of the following date: State State Aupplement showing post-petition chaexpenses as of the following date: MM / DD / YYYY		Middle Name	Last Na	ame	— I □	An amended filing
Case number (if known) Official Form 106 Schedule I: Your Income Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are separated and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and committee (if known). Answer every question. Part 11: Describe Employment Information. If you have more than one job, attach a separate page with information about additional employers. Include part time, seasonal, or self-employed work. Employer's name Employer's name Employer's address Occupation Employer's address Occupation Employer's address Soningfield Illinois 62702 City State Zip Code City State Zip Code How long employed there? Part 2: Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-fispusse unless you are separated. Include your non-fispusse unless you are separated sheet to this form. For Debtor 1 For Debtor 2 For Debtor 3 For Debtor 2 For Debtor 2 For Debtor 2 For Debtor 3 For Debtor 2 For Debtor 3 For Debtor 4 For Debtor 2 For Debtor 3 For Debtor 4 For Debtor 2 For Debtor 3 For Debtor 4 For Debtor 4 For Debtor 2 For Debtor 4 For Debtor	United States Bankruptcy Court for		District of Illin	nois		A supplement showing post-petition chapter 1 expenses as of the following date:
Schedule I: Your Income Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your name and or number (if known). Answer every question. Part 1: Describe Employment If you have more than one job, attach a separate sheet to this form. On the top of any additional pages, write your name and or number (if known). Answer every question. Benjoyment status If you have more than one job, attach a separate page with information about additional employers. Include part time, seasonal, or self-employed work. Occupation Occupation Occupation Imployer's name Employer's name Employer's name Employer's name Employer's address Occupation Macauthur Bivd. Number Street How long employed there? Part 2: Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you nor more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 If poblication in the space in the lines below. If you nor non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you nor non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you nor non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you nor non-filing spouse have more than one employer, calculate what the monthly wage would be. 3. Estimate and list monthly overtime pay.			(3	iaie)		
Schedule I: Your Income Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If you have every question. Part 1: Describe Employment I. Fill in your employment If you have more than one job, attach a separate page with information about additional employers. Occupation and a sporate page with information about additional employers. Occupation and include student or homerasker, if it applies. Debtor 1 Debtor 2 Employed Debtor 2 Employed Debtor 2 Employed Debtor 2 Employed Not Employer Not Employed Not	(If known)					MM / DD / YYYY
Be as complete and accurate as possible. If two married people are filling together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filling jointly, and your spouse is living with you, include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and conumber (if known). Answer every question. Part 1: Describe Employment 1. Fill in your employment information about additional page with information about additional employers. Include part time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. Employer's name Employer's name Employer's name Employer's name Employer's name Employer's Number Street How long employed there? Part 2: Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-figuous ure separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you more space, attach a separate sheet to this form. For Debtor 1 Pobtor 2	Official Form 106I					
responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and common the top of any additional pages, write your name and common the top of any additional pages, write your name and common the top of any additional pages, write your name and common the top of any additional pages, write your name and common to the top of any additional pages, write your name and common to the top of any additional pages, write your name and common to the top of any additional pages, write your name and common to the top of any additional pages, write your name and common to the top of any additional pages, write your name and common to the top of any additional pages, write your name and common to the top of any additional pages, write your name and common to the top of any additional pages, write your name and common to the top of any additional pages, write your name and common to the top of any additional pages, write your name and common and the top of any additional pages, write your name and common and to the top of any additional pages, write your name and common and the top of any additional pages, write your name and common and the top of any additional pages, write your name and common and the top of any additional pages, write your name and common and the top of any additional pages, write your name and common and the top of any additional pages, write your name and common and the top of any additional pages, write your name and common and the top of any additional pages, write your name and common and the top of any additional pages, write your name and common and the top of any additional pages, write your name and common and the top of any additional pages, write your name and common and the	Schedule I: Your In	come				12/1
Employment status	information about your spouse. Is spouse. If more space is needed number (if known). Answer ever	If you are separated and I, attach a separate she y question.	d your spous	se is not filin	g with you, do	not include information about your
Employment status			Debtor 1			Debtor 2
If you have more than one job, attach a separate page with information about additional employers. Occupation Include part time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. Employer's address Springfield Illinois 62702 City State Zip Code City State Zip Code City State Zip Code Toty State Zip Code If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse 1		Employment status	Emplo:	Employed		Employed
Include part time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. Employer's address Employer Street Number Street				•		
Include part time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. Employer's address Employer's address Employer's address Author Street Springfield Illinois 62702 City State Zip Code City State Zip Code City State Zip Code City State Zip Code Total State City State Total State City State Total	information about additional	Occupation				
Occupation may include student or homemaker, if it applies. Springfield Illinois 62702 City State Zip Code City State Zip Code	Include part time, seasonal, or	•	405 N. Macarthur Blvd.			
Springfield Illinois 62702 City State Zip Code How long employed there? Part 2: Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-fit spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you more space, attach a separate sheet to this form. 2. List monthly gross wages, salary, and commissions (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be. 3. Estimate and list monthly overtime pay. 3. +\$0.00		Employer's address				
How long employed there? Part 2: Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-fispouse unless you are separated. If you or your non-filling spouse have more than one employer, combine the information for all employers for that person on the lines below. If you more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filling spouse 2. List monthly gross wages, salary, and commissions (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be. 3. Estimate and list monthly overtime pay. 3. + \$0.00						Number Street
How long employed there? Part 2: Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-fit spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse 2. List monthly gross wages, salary, and commissions (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be. 3. Estimate and list monthly overtime pay. 3. + \$0.00			0 : 511		00700	
Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-fit spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse 2. List monthly gross wages, salary, and commissions (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be. 3. Estimate and list monthly overtime pay. 3. +\$0.00						City State Zip Code
Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-fispouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you more space, attach a separate sheet to this form. For Debtor 1 2. List monthly gross wages, salary, and commissions (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be. 3. Estimate and list monthly overtime pay. 3. + \$0.00						
Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-fispouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you more space, attach a separate sheet to this form. For Debtor 1 2. List monthly gross wages, salary, and commissions (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be. 3. Estimate and list monthly overtime pay. 3. + \$0.00	Part 2: Give Details About	Monthly Income				
If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you not more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse		<u> </u>	n. If you have	nothing to rep	oort for any line, v	write \$0 in the space. Include your non-filing
2. List monthly gross wages, salary, and commissions (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be. 2. \$372.30 3. \$4\$0.00	If you or your non-filing spouse hav		combine the i	information fo	r all employers fo	or that person on the lines below. If you need
2. List monthly gross wages, salary, and commissions (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be. 3. Estimate and list monthly overtime pay. 2. \$372.30 + \$0.00	more space, attach a separate she	et to this form.		For	Debtor 1	For Debtor 2 or
3. Estimate and list monthly overtime pay. 3	deductions.) If not paid monthly					non-filing spouse
		rtime pay.		3.	+ \$0.00	
4 Valculate gross income. Add line Z ± line 3 4 1 \$279 201 1	4. Calculate gross income. Add			4.	\$372.30	

Case 17-15934 Doc 1 Filed 05/23/17 Entered 05/23/17 13:47:28 Desc Main Document Page 33 of 67

Debto		urner	Case number	(if	
	First Name Middle Name L	ast Name	known) For Debtor 1	For Debtor 2 or non-filing spouse	
Cor	by line 4 here	→ 4.	\$372.30		
-	t all payroll deductions:				
	. Tax, Medicare, and Social Security deductions	5a.	\$28.84		
	. Mandatory contributions for retirement plans	5b.	\$0.00		
	Voluntary contributions for retirement plans	5c.	\$0.00		
	. Required repayments of retirement fund loans	5d.	\$0.00		
	Insurance	5e.	\$0.00		
	Domestic support obligations	5f.	\$0.00		
	. Union dues	5g.	\$32.00		
	. Other deductions. Specify:		\$0.00 +	·	
	the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f	•	\$60.84		
+5h.	Title payroll deductions. Add liftes 5a + 5b + 5c + 5d + 5e +5f	+ 5g - 6.	φου.64		
7. Cal	culate total monthly take-home pay. Subtract line 6 from line	4. 7.	\$311.46		
	t all other income regularly received:				
8a.	Net income from rental property and from operating a business, profession, or farm				
	Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$0.00		
8b.	. Interest and dividends	8b.	\$0.00		
8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive	a			
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$0.00		
8d.	. Unemployment compensation	8d.	\$0.00		
8e.	Social Security	8e.	\$0.00		
	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies Specify:		\$0.00		
8.0	Pension or retirement income	8f.	\$1,554.00		
Ü		8g. 8h. +	\$0.00 +		
	. Other monthly income. Specify: d all other income Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g +				
9. Auc	an other income Add lines oa + ob + oc + od + oe + oi +og +	· 8h. 9	\$1,554.00		
	Iculate monthly income. Add line 7 + line 9. d the entries in line 10 for Debtor 1 and Debtor 2 or non-filing sp	10.	\$1,865.46 +	=	\$1,865.46
Inc frie	ate all other regular contributions to the expenses that you clude contributions from an unmarried partner, members of your ends or relatives. The not include any amounts already included in lines 2-10 or amou	household, your d	ependents, your roomm		
	ecify:	and and mot av	and to pay expenses i	11. +	\$0.00
					
	dd the amount in the last column of line 10 to the amount in ite that amount on the Summary of Schedules and Statistical Sur				\$1,865.46
					Combined monthly income
13. D c	o you expect an increase or decrease within the year after y	ou file this form?			
V	No.				
F	Yes. Explain:				——————————————————————————————————————
L	J				

Case 17-15934 Doc 1 Filed 05/23/17 Entered 05/23/17 13:47:28 Desc Main Document Page 34 of 67

		Docu	ment Page 34 of 67	•	
Fill in this infor	mation to identify	your case:			
Debtor 1	Diane First Name	Middle Name	Tumer Last Name	Check if this is:	
Debtor 2	=			An amended fili	na
(Spouse, if filing)	First Name	Middle Name	Last Name	브	
United States E	Sankruptcy Court fo	or the: Northern [District of Illinois (State)		howing post-petition chapter 13 the following date:
(If known)				MM / DD / YYY	/
	Form 106 e J: Your I				12/15
Be as complete information. If (if known). Ans	e and accurate as more space is ne wer every question	s possible. If two married people an eded, attach another sheet to this on.			
	cribe Your Hou	sehold			
1. Is this a join	nt case?				
✓ No. Go	to line 2				
Yes. Do	oes Debtor 2 live	in a separate household?			
Г	No				
	Yes. Debtor 2 n	nust file Official Forms 106J-2, <i>Expen</i>	ses for Separate Household of Debt	or 2.	
2. Do you have	e dependents?	□ No			
Do not list D Debtor 2.	•	Yes. Fill out this information for each dependent	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
			Child	25 years	No.
					Yes.
	enses include f people other	✓ No			
yourself and dependents	-	Yes			
Part 2: Estin	mate Your Ong	oing Monthly Expenses			
_	of a date after the	our bankruptcy filing date unless y bankruptcy is filed. If this is a sup	•	•	•
	•	non-cash government assistance in under the contract of the co	-		Your expenses
	or home owners	hip expenses for your residence. In t. 4.	clude first mortgage payments and		\$600.00
If not incl	uded in line 4:				

4a

4b.

4c.

4d.

\$0.00

\$0.00

\$0.00

\$0.00

4a. Real estate taxes

4b. Property, homeowner's, or renter's insurance

4c. Home maintenance, repair, and upkeep expenses

4d. Homeowner's association or condominium dues

Case 17-15934 Doc 1 Filed 05/23/17 Entered 05/23/17 13:47:28 Desc Main Document Page 35 of 67

 Debtor 1 First Name
 Diane
 Turner
 Case number (if known)

 Last Name
 Last Name

		Your expenses
5. Additional mortgage payments for your residence, such as home equity loans	5.	\$0.00
6. Utilities:		
6a. Electricity, heat, natural gas	6a.	\$76.00
6b. Water, sewer, garbage collection	6b.	\$0.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$190.00
6d. Other. Specify:	6d	\$0.00
7. Food and housekeeping supplies	7.	\$225.00
8. Childcare and children's education costs	8.	\$0.00
9. Clothing, laundry, and dry cleaning	9.	\$25.00
10. Personal care products and services	10.	\$25.00
11. Medical and dental expenses	11.	\$25.00
 Transportation. Include gas, maintenance, bus or train fare. Do not include car payments 	12.	\$75.00
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$0.00
14. Charitable contributions and religious donations	14.	\$0.00
15. Insurance.Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a	\$0.00
15b. Health insurance	15b	\$70.00
15c. Vehicle insurance	15c	\$100.00
15d. Other insurance. Specify:	15d	\$0.00
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.		
Specify:	16	\$0.00
17. Installment or lease payments:		
17a. Car payments for Vehicle 1	17a	\$448.00
17b. Car payments for Vehicle 2	17b	\$0.00
17c. Other. Specify:	17c	\$0.00
17d. Other. Specify:	17d	\$0.00
18. Your payments of alimony, maintenance, and support that you did not report as deducted from		\$0.00
your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	
19. Other payments you make to support others who do not live with you. Specify:	40	40.00
20.Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	19.	\$0.00
20a. Mortgages on other property	20a	\$0.00
20b. Real estate taxes.	20b	\$0.00
20c. Property, homeowner's, or renter's insurance	20c	\$0.00
20d. Maintenance, repair, and upkeep expenses.	20d	\$0.00
20e. Homeowner's association or condominium dues	20e	\$0.00
	208	φυ.υυ

Case 17-15934 Doc 1 Filed 05/23/17 Entered 05/23/17 13:47:28 Desc Main Document Page 36 of 67

Debtor 1			Turner	Case number (if known)		
	First Name	Middle Name	Last Name			
21.Other.	Specify:				21	\$0.00
	late your monthly	•				\$1,859.00
	dd lines 4 through 2			\$0.00		
	opy line 22 (monthly			\$1,859.00		
22c. A	dd line 22a and 22b.	. The result is your monthly exp	enses.		22.	
23.Calcul	ate your monthly n	et income.				
23a. C	opy line 12 (your co	mbined monthly income) from	Schedule I.		23a	\$1,865.46
23b. C	opy your monthly ex	xpenses from line 22 above.			23b	\$1,859.00
		expenses from your monthly in	ncome.			\$6.46
T	he result is your mor	nthly net income.			23c	
	age payment to incr	ect to finish paying for your car lease or decrease because of a r				

Case 17-15934 Doc 1 Filed 05/23/17 Entered 05/23/17 13:47:28 Desc Main Document Page 37 of 67

Fill in this information to identify your case:					
Debtor 1	Diane		Turner		
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States E	Bankruptcy Court for the:	Northern	District of Illinois (State)		
Case number			(

Official Form 106Dec

Check if this is an amended filing

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Par	t 1: Sign Below				
	Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?				
	✓ No				
	Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).			
	Under penalty of perjury, I declare that I have read the summary that they are true and correct.	and schedules filed with this declaration and			
×	/s/ Diane Turner	×			
	Signature of Debtor 1	Signature of Debtor 2			
	Date 5/23/2017	Date			
	MM/DD/YYYY	MM/DD/YYYY			

Case 17-15934 Doc 1 Filed 05/23/17 Entered 05/23/17 13:47:28 Desc Main Document Page 38 of 67

Fill ir	n this info	ormation to identify your	case:					
Debt	tor 1	Diane First Name	Middle I	Turner Name Last Nam	ne			
Debt (Spot	tor 2 use, if filing)	First Name	Middle I	Name Last Nam	ne			
Unite	ed States	Bankruptcy Court for the:		District of Illino	ois			
Case (If kno	e number			(Sta	te)			
Of	ficial	Form 107				_		Check if this is a amended filing
			al Affairs f	or Individuals	Filina for	Bankru	ptcv	04/1
Be a	s compl mation.	ete and accurate as po	ed, attach a sep	arried people are filing arate sheet to this form	together, both a	are equally r	esponsible for s	
Part	Giv	e Details About Your	Marital Status	and Where You Lived	Before			
1.	What is	s your current marital st	atus?					
		arried ot married						
2.	During	the last 3 years, have y	ou lived anywher	e other than where you li	ve now?			
	✓ No		ou lived in the las	t 3 years. Do not include	where you live no	w.		
	De	ebtor 1:		Dates Debtor 1 lived there	Debtor 2:			Dates Debtor 2 lived there
					Same as D	Debtor 1		Same as Debtor 1
	Nu	umber Street		From	Number Street			From
	Cir	ty State	Zip Code		City	State	Zip Code	
					Same as D	Debtor 1		Same as Debtor 1
	Nu	umber Street		From To	Number Street			From
	Cit	ty State	Zip Code		City	State	Zip Code	
3.	<i>and territ</i> ✓ No	<i>ories</i> include Arizona, Calif	omia, Idaho, Louis	pouse or legal equivalent siana, Nevada, New Mexico Codebtors (Official Form	, Puerto Rico, Texa			mmunity property states

Case 17-15934 Doc 1 Filed 05/23/17 Entered 05/23/17 13:47:28 Desc Main Document Page 39 of 67

	Diane			umber (if known)	
	First Name Middle	e Name Last Na	ame		
t 2:	Explain the Sources of Your Inc	come			
Filli	you have any income from employm in the total amount of income you receivities. If you are filing a joint case and you not have a second or the case and you have any income from employment or the case and you have any income from employment or the case and you have any income from employment or the case and you have any income from employment or the case and you have a second o	ed from all jobs and all bus	sinesses, including part-time		years?
		Debtor 1		Debtor 2	
		Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions an exclusions)
	rom January 1 of current year until ne date you filed for bankruptcy:	Wages, commissions, bonuses, tips Operating a business	\$2029.00	Wages, commissions, bonuses, tips Operating a business	
	or last calendar year: anuary 1 to December 31, 2016) YYYY	Wages, commissions, bonuses, tips Operating a business	\$4566.00	Wages, commissions, bonuses, tips Operating a business	
	or the calendar year before that:	Wages, commissions.	\$5326.00	Wages, commissions,	
(J Did	anuary 1 to December 31, 2015) YYYYY you receive any other income during	bonuses, tips Operating a business this year or the two prev		bonuses, tips Operating a business	unemployment and oth
Did Inclupubli	anuary 1 to December 31, 2015) YYYY	bonuses, tips Operating a business I this year or the two previocome is taxable. Examples come; interest; dividends; nyou received together, list if	of other income are alimony; noney collected from lawsuits; tonly once under Debtor 1.	Operating a business child support; Social Security royalties; and gambling and	
Did Inclupubli	you receive any other income during ude income regardless of whether that in lic benefit payments; pensions; rental in a joint case and you have income that each source and the gross income from No	bonuses, tips Operating a business I this year or the two previous is taxable. Examples come; interest; dividends; nyou received together, list it a each source separately. Do	of other income are alimony; noney collected from lawsuits; tonly once under Debtor 1.	Operating a business child support; Social Security royalties; and gambling and listed in line 4.	lottery winnings. If you ar
Did Inclupublifiling	you receive any other income during ude income regardless of whether that in lic benefit payments; pensions; rental in a joint case and you have income that each source and the gross income from No	bonuses, tips Operating a business I this year or the two previous is taxable. Examples come; interest; dividends; n you received together, list it each source separately. Do Debtor 1 Sources of income	of other income are alimony; noney collected from lawsuits; tonly once under Debtor 1. o not include income that you Gross income from each source (before deductions and	Operating a business child support; Social Security royalties; and gambling and listed in line 4. Debtor 2 Sources of income	Gross income from each source (before deductions
Did Inclupublifiling List	you receive any other income during ude income regardless of whether that in lic benefit payments; pensions; rental in g a joint case and you have income that each source and the gross income from No Yes. Fill in the details.	bonuses, tips Operating a business I this year or the two previous is taxable. Examples come; interest; dividends; n you received together, list it a each source separately. Do Debtor 1 Sources of income Describe below.	of other income are alimony; noney collected from lawsuits; tonly once under Debtor 1. o not include income that you Gross income from each source (before deductions and exclusions)	Operating a business child support; Social Security royalties; and gambling and listed in line 4. Debtor 2 Sources of income	Gross income from each source (before deductions

Case 17-15934 Doc 1 Filed 05/23/17 Entered 05/23/17 13:47:28 Desc Main Document Page 40 of 67

Turner Debtor 1 Diane __ Case number (if known) Middle Name First Name Last Name List Certain Payments You Made Before You Filed for Bankruptcy Part 3: 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of payment Total amount paid Amount you still owe Was this payment for... Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors Other

Case 17-15934 Doc 1 Filed 05/23/17 Entered 05/23/17 13:47:28 Desc Main Document Page 41 of 67

tor '	1 Diane			Tui	rner	Case number	(if known)
	First Name		Middle Name	Las	t Name		
Insi cor age	iders include your porations of which	relatives; a I you are a for a busin	ny general partners n officer, director, p ess you operate as	; relatives of any person in control,	general partners; par or owner of 20% or	tnerships of which y more of their voting	who was an insider? you are a general partner; g securities; and any managing r domestic support obligations,
✓	No						
	Yes. List all pay	ments to a	an insider.				
				Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
	Insider's Name						
	Number Street						
	City	State	Zip Code				
	Insider's Name						
	Number Street						
	City	State	Zip Code				
insi	der? ude payments on No	debts gua	ranteed or cosigne	d by an insider.	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
	Insider's Name						
	Number Street						
	City	State	Zip Code				
	Insider's Name						
	Number Street						
	City	State	Zip Code				

Case 17-15934 Doc 1 Filed 05/23/17 Entered 05/23/17 13:47:28 Desc Main Document Page 42 of 67

Debtor 1 Diane Turner Case number (if known) Middle Name First Name Last Name Part 4: Identify Legal Actions, Repossessions, and Foreclosures 9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No ◪ Yes. Fill in the details. Status of the case Nature of the case Court or agency Case title Pending Court Name On appeal Case number NumberStreet Concluded City State Zip Code Case title Pending Court Name On appeal Case number NumberStreet Concluded City State Zip Code Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. Value of the Describe the property Date property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Property was attached, seized, or levied. Describe the property Date Value of the property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Property was attached, seized, or levied.

Case 17-15934 Doc 1 Filed 05/23/17 Entered 05/23/17 13:47:28 Desc Main Document Page 43 of 67

Deb	tor 1 Diane First Name	Middle Name	Turner Last Name	Case number (if known)	
11.	Within 90 days before you accounts or refuse to mak No Yes. Fill in the details.			oank or financial institution, set off any amo	ounts from your
	Tool Till in the documen		Describe the action th	e creditor took Date action was taken	Amount
	Creditor's Name				
	Number Street		Last 4 digits of account	number: XXXX-	
	City State	e Zip Code			
12.	Within 1 year before you fil appointed receiver, a custo			possession of an assignee for the benefit of	creditors, a court-
	✓ No ☐ Yes				
Part	5: List Certain Gifts an	d Contributions			
13.	Within 2 years before you No Yes. Fill in the details		l you give any gifts with a t	otal value of more than \$600 per person?	
	Gifts with a total value per person	-	Describe the gifts	Dates you gave the gifts	Value
	Person to Whom You G	ave the Gift			
	Number Street				
	City State Person's relationship to	•			
	Person to Whom You G	ave the Gift			
	Number Street				
	City State Person's relationship to	,			

Case 17-15934 Doc 1 Filed 05/23/17 Entered 05/23/17 13:47:28 Desc Main Document Page 44 of 67

eptor i	Diane	Turner	Case number (if know	n)	
	First Name Middle Name	e Last Name		·	
. Wit	thin 2 years before you filed for bankrupt	cy, did you give any gifts or contribut	ions with a total value o	of more than \$600	to any charity?
	1 No				
✓	No				
	Yes. Fill in the details for each gift or cor	ntribution.			
	Gifts or contributions to charities	Describe what you contril	nuted	Date you	Value
	that total more than \$600	Describe what you contin	Juleu	contributed	Value
	that total more than \$600			Contributed	
	Charity's Name				
	Number Street				
	Number Street				
	City State Zip Cod	10			
	only only on				
+ 6.	List Certain Losses				
14/:4					
	thin 1 year before you filed for bankruptc mbling?	y or since you liled for bankruptcy, d	d you lose anything bed	ause of their, lire,	other disaster, or
yai	momy:				
✓	No				
H	Yes. Fill in the details.				
ш	103. Till ill tile details.				
	Describe the property you lost and	Describe any insurance c		Date of your	Value of property
	how the loss occurred	Include the amount that ins		loss	lost
		pending insurance claims o	n line 33 of <i>Schedule</i>		
		A/B: Property.			
				_	
rt 7:	List Certain Payments or Transfers	3			
abo	thin 1 year before you filed for bankruptc out seeking bankruptcy or preparing a ba lude any attomeys, bankruptcy petition prep	y, did you or anyone else acting on y ankruptcy petition?			anyone you consulte
abo		y, did you or anyone else acting on y ankruptcy petition?			anyone you consulte
abo	out seeking bankruptcy or preparing a balude any attorneys, bankruptcy petition prep	y, did you or anyone else acting on y ankruptcy petition?			anyone you consulte
abo	out seeking bankruptcy or preparing a ballude any attorneys, bankruptcy petition prep	y, did you or anyone else acting on y ankruptcy petition? arers, or credit counseling agencies for s	services required in your ba	ankruptcy.	
abo	out seeking bankruptcy or preparing a ballude any attorneys, bankruptcy petition prep	y, did you or anyone else acting on y ankruptcy petition? arers, or credit counseling agencies for some of a prescription and value of a	services required in your ba	ankruptcy. Date payment	Amount of
abo	out seeking bankruptcy or preparing a ballude any attorneys, bankruptcy petition prep	y, did you or anyone else acting on y ankruptcy petition? arers, or credit counseling agencies for s	services required in your ba	Date payment or transfer	
abo	out seeking bankruptcy or preparing a ballude any attorneys, bankruptcy petition prep No Yes. Fill in the details.	y, did you or anyone else acting on y ankruptcy petition? arers, or credit counseling agencies for s Description and value of a transferred	services required in your ba	Date payment or transfer was made	Amount of payment
abo	out seeking bankruptcy or preparing a ballude any attorneys, bankruptcy petition preportion No Yes. Fill in the details. Semrad Law Firm	y, did you or anyone else acting on y ankruptcy petition? arers, or credit counseling agencies for some of a prescription and value of a	services required in your ba	Date payment or transfer	Amount of
abo	but seeking bankruptcy or preparing a ballude any attorneys, bankruptcy petition prepared No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid	y, did you or anyone else acting on y ankruptcy petition? arers, or credit counseling agencies for s Description and value of a transferred	services required in your ba	Date payment or transfer was made	Amount of payment
abo	but seeking bankruptcy or preparing a ballude any attorneys, bankruptcy petition prepared No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue	y, did you or anyone else acting on y ankruptcy petition? arers, or credit counseling agencies for s Description and value of a transferred	services required in your ba	Date payment or transfer was made	Amount of payment
abo	but seeking bankruptcy or preparing a ballude any attorneys, bankruptcy petition prepared No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid	y, did you or anyone else acting on y ankruptcy petition? arers, or credit counseling agencies for s Description and value of a transferred	services required in your ba	Date payment or transfer was made	Amount of payment
abo	but seeking bankruptcy or preparing a ballude any attorneys, bankruptcy petition prepared No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue	y, did you or anyone else acting on y ankruptcy petition? arers, or credit counseling agencies for s Description and value of a transferred	services required in your ba	Date payment or transfer was made	Amount of payment
abo	Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street	y, did you or anyone else acting on y ankruptcy petition? arers, or credit counseling agencies for s Description and value of a transferred Attorney's Fee - 0.00	services required in your ba	Date payment or transfer was made	Amount of payment
abo	Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street Chicago Illinois 60643	y, did you or anyone else acting on y ankruptcy petition? arers, or credit counseling agencies for s Description and value of a transferred Attorney's Fee - 0.00	services required in your ba	Date payment or transfer was made	Amount of payment
abo	Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street	y, did you or anyone else acting on y ankruptcy petition? arers, or credit counseling agencies for s Description and value of a transferred Attorney's Fee - 0.00	services required in your ba	Date payment or transfer was made	Amount of payment
abo	Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street Chicago Illinois 60643 City State Zip Cod	y, did you or anyone else acting on y ankruptcy petition? arers, or credit counseling agencies for s Description and value of a transferred Attorney's Fee - 0.00	services required in your ba	Date payment or transfer was made	Amount of payment
abo	Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street Chicago Illinois 60643 City State Zip Cod Email or website address	y, did you or anyone else acting on y ankruptcy petition? arers, or credit counseling agencies for s Description and value of a transferred Attorney's Fee - 0.00	services required in your ba	Date payment or transfer was made	Amount of payment
abo	Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street Chicago Illinois 60643 City State Zip Cod Email or website address None	y, did you or anyone else acting on y ankruptcy petition? arers, or credit counseling agencies for s Description and value of a transferred Attorney's Fee - 0.00	services required in your ba	Date payment or transfer was made	Amount of payment
abo	Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street Chicago Illinois 60643 City State Zip Cod Email or website address	y, did you or anyone else acting on y ankruptcy petition? arers, or credit counseling agencies for s Description and value of a transferred Attorney's Fee - 0.00	services required in your ba	Date payment or transfer was made	Amount of payment
abo	Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street Chicago Illinois 60643 City State Zip Cod Email or website address None Person Who Made the Payment, if Not You	y, did you or anyone else acting on y ankruptcy petition? arers, or credit counseling agencies for s Description and value of a transferred Attorney's Fee - 0.00	services required in your ba	Date payment or transfer was made	Amount of payment
abo	Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street Chicago Illinois 60643 City State Zip Cod Email or website address None	y, did you or anyone else acting on y ankruptcy petition? arers, or credit counseling agencies for s Description and value of a transferred Attorney's Fee - 0.00	services required in your ba	Date payment or transfer was made	Amount of payment
abo	Semrad Law Firm Person Who Was Paid City State Zip Coo Email or website address None Person Who Made the Payment, if Not You Person Who Was Paid	y, did you or anyone else acting on y ankruptcy petition? arers, or credit counseling agencies for s Description and value of a transferred Attorney's Fee - 0.00	services required in your ba	Date payment or transfer was made	Amount of payment
abo	Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street Chicago Illinois 60643 City State Zip Cod Email or website address None Person Who Made the Payment, if Not You	y, did you or anyone else acting on y ankruptcy petition? arers, or credit counseling agencies for s Description and value of a transferred Attorney's Fee - 0.00	services required in your ba	Date payment or transfer was made	Amount of payment
abo	Semrad Law Firm Person Who Was Paid City State Zip Coo Email or website address None Person Who Made the Payment, if Not You Person Who Was Paid	y, did you or anyone else acting on y ankruptcy petition? arers, or credit counseling agencies for s Description and value of a transferred Attorney's Fee - 0.00	services required in your ba	Date payment or transfer was made	Amount of payment
abo	Semrad Law Firm Person Who Was Paid City State Zip Coo Email or website address None Person Who Made the Payment, if Not You Person Who Was Paid	y, did you or anyone else acting on y ankruptcy petition? arers, or credit counseling agencies for s Description and value of a transferred Attorney's Fee - 0.00	services required in your ba	Date payment or transfer was made	Amount of payment
abo	Semrad Law Firm Person Who Was Paid City State Zip Cod Email or website address None Person Who Made the Payment, if Not You Person Who Was Paid Number Street	y, did you or anyone else acting on y ankruptcy petition? arers, or credit counseling agencies for s Description and value of a transferred Attorney's Fee - 0.00	services required in your ba	Date payment or transfer was made	Amount of payment
abo	Semrad Law Firm Person Who Was Paid City State Zip Coo Email or website address None Person Who Made the Payment, if Not You Person Who Was Paid	y, did you or anyone else acting on y ankruptcy petition? arers, or credit counseling agencies for s Description and value of a transferred Attorney's Fee - 0.00	services required in your ba	Date payment or transfer was made	Amount of payment
abo	Semrad Law Firm Person Who Was Paid City State Zip Coo Person Who Was Paid City State Zip Coo Email or website address None Person Who Was Paid Number Street Chicago Illinois 60643 City State Zip Coo Email or website address None Person Who Was Paid Number Street	y, did you or anyone else acting on y ankruptcy petition? arers, or credit counseling agencies for s Description and value of a transferred Attorney's Fee - 0.00	services required in your ba	Date payment or transfer was made	Amount of payment
abo	Semrad Law Firm Person Who Was Paid City State Zip Cod Email or website address None Person Who Made the Payment, if Not You Person Who Was Paid Number Street	y, did you or anyone else acting on y ankruptcy petition? arers, or credit counseling agencies for s Description and value of a transferred Attorney's Fee - 0.00	services required in your ba	Date payment or transfer was made	Amount of payment

Case 17-15934 Doc 1 Filed 05/23/17 Entered 05/23/17 13:47:28 Desc Main Document Page 45 of 67

Debt		Diane		Turner	Case nu	ımber <i>(if known)</i>			
		First Name	Middle Name	Last Name					
17.	help	hin 1 year before you filed by you deal with your credit not include any payment or	tors or to make payme		behalf pa	ay or transfer a	any property to a	anyone	who promised to
		No Yes. Fill in the details.							
				Description and value of any part transferred	oroperty		Date payment or transfer was made	Amou	unt of payment
		Person Who Was Paid							
		Number Street							
		City State	Zip Code						
18.	the Incl	ordinary course of your bu	usiness or financial aff and transfers made as se	ecurity (such as the granting of a sec					-
				Description and value of propertransferred	erty	Describe any payments recin exchange	property or eived or debts p	oaid	Date transfer was made
		Person Who Received Tran	sfer						
		Number Street							
		City State Person's relationship to you	Zip Code u						
		Person Who Received Tran	sfer						
		Number Street							
		City State Person's relationship to you	Zip Code u						
19.	ben	hin 10 years before you file eficiary? ese are often called asset-pro		you transfer any property to a se	elf-settle	d trust or simil	ar device of wh	ich you	are a
		Yes. Fill in the details.		Description and value of the	property	transferred			Date transfer was made
		Name of trust							

Case 17-15934 Doc 1 Filed 05/23/17 Entered 05/23/17 13:47:28 Desc Main Document Page 46 of 67

Turner Debtor 1 Diane Case number (if known) Middle Name First Name Last Name List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Part 8: 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Yes. Fill in the details. Last 4 digits of account Type of account or Date Last balance account was before number instrument closed, sold, closing or moved, or transfer transferred XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City State Zip Code XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City State Zip Code Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? Yes. Fill in the details. Who else had access to it? Describe the contents Do you still have it? No Name of Financial Institution Name Yes Number Street Number Street City State Zip Code City Zip Code State 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Yes. Fill in the details. Do you still Who else had access to it? Describe the contents have it? No Name of Storage Facility Name Number Street Street Number City State Zip Code City State Zip Code

Case 17-15934 Doc 1 Filed 05/23/17 Entered 05/23/17 13:47:28 Desc Main Document Page 47 of 67

Turner Debtor 1 Diane _ Case number (if known) Middle Name First Name Part 9: Identify Property You Hold or Control for Someone Else 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. Yes. Fill in the details. Where is the property? Describe the contents Value Owner's Name **NumberStreet** Number Street City State Zip Code City State Zip Code Part 10: **Give Details About Environmental Information** For the purpose of Part 10, the following definitions apply: ■ Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street Number Street City State Zip Code City State Zip Code 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street NumberStreet City State Zip Code City State Zip Code

Case 17-15934 Doc 1 Filed 05/23/17 Entered 05/23/17 13:47:28 Desc Main Document Page 48 of 67

Deb		Diane			Turner	Case n	number <i>(if k</i>	nown)		
		First Name		Middle Name	Last Name					
26.		e you been a part	y in any judio	cial or administr	ative proceeding under	r any environmenta	l law? Inc	lude settlen	nents and orde	ers.
	Ħ	Yes. Fill in the det	tails.							
	ш				Court or agency		Nature of	f the case		Status of the case
		Case title								Pending
					Court Name	_				On appeal
		Case number		<u> </u>	NumberStreet					Concluded
		-		·	City State	Zip Code				
Part	11:	Give Details Al	oout Your E	Business or Co	nnections to Any Bu	usiness				
27.	With	nin 4 years before	you filed for	bankruptcy, did	you own a business or	have any of the fol	lowing co	nnections to	any business	?
		A sole propri	etor or self-e	mployed in a tra	ide, profession, or othe	er activity, either full-	time or p	art-time		
		A member of	f a limited liak	oility company (L	LC) or limited liability pa	artnership (LLP)	-			
		A partner in a	a partnership)						
		An officer, di	rector, or ma	naging executiv	e of a corporation					
					quity securities of a cor	poration				
		_		•						
	✓	No. None of the a								
		Yes. Check all the	at apply abo	ve and fill in the	details below for each l	business.				
					Describe the nat	ure of the business			lentification n cial Security n	umber Do not umber or ITIN.
		Business Name			_			EIN:		
		Number Street			_			Dates busir	ness existed	
			Obsta	7'- 0-1-	Name of account	tant or bookkeeper				
		City	State	Zip Code				From	To	
					Describe the nat	ure of the business			lentification n	
					_			EIN:	cial Security ni	umber or ITIN.
		Business Name			_					
		Number Street			Name of account	tant or bookkeeper		Dates busir	ess existed	
		City	State	Zip Code	_			From	То	
					Describe the nat	ure of the business			lentification no cial Security no	umber Do not umber or ITIN.
		Business Name			_			EIN:		
		Number Street			_			Dates busir	ness existed	
		0"		7. 6 :	Name of account	tant or bookkeeper				
		City	State	Zip Code				From	To	

Case 17-15934 Doc 1 Filed 05/23/17 Entered 05/23/17 13:47:28 Desc Main Document Page 49 of 67

Debt	tor 1 Diane	Turner	Case number (if known)
	First Name Middle Name	Last Name	
28.	Within 2 years before you filed for bankruptcy, did you creditors, or other parties. No Yes. Fill in the details below.	u give a financial stateme	nt to anyone about your business? Include all financial institutions,
	Tes. I ill ill de detaile below.	Balada ad	
		Date issued	
	Name	MM/DD/YYYY	
	Number Street		
	City State Zip Code		
Part	t 12: Sign Below		
			rty, or obtaining money or property by fraud in connection with 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.
	Signature of Debtor 1		Signature of Debtor 2
			Date
	Date 5/23/2017		
[:	Did you attach additional pages to Your Statement of F No Yes	Financial Affairs for Individ	duals Filing for Bankruptcy (Official Form 107)?
	Did you pay or agree to pay someone who is not an atte	orney to help you fill out b	pankruptcy forms?
	✓ No Yes. Name of person		Attach the Bankruptcy Petition Preparer's Notice,

Case 17-15934 Doc 1 Filed 05/23/17 Entered 05/23/17 13:47:28 Desc Main Document Page 50 of 67

Fill in this information to identify your case:					
Debtor 1	Diane		Turner		
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States Bankruptcy Court for the:		Northern	District of Illinois (State)		
Case number (If known)			(Otate)		

Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below. Did you claim the property Identify the creditor and the property that is collateral What do you intend to do with the property that secures a debt? as exempt on Schedule C? Surrender the property. Creditor's name: Regional Acceptance Co Retain the property and redeem it. Description of Retain the property and enter into a property Reaffirmation Agreement. securing debt: Hyundai Accent | Value: \$9,975.00 Retain the property and [explain]: Creditor's Surrender the property. No. name: Yes. Retain the property and redeem it. Description of Retain the property and enter into a property Reaffirmation Agréement. securing debt: Retain the property and [explain]: No. Surrender the property. Creditor's name: Yes. Retain the property and redeem it. Description of Retain the property and enter into a property Reaffirmation Agreement. securing debt: Retain the property and [explain]: No. Creditor's Surrender the property. name: Yes Retain the property and redeem it. Description of Retain the property and enter into a property Reaffirmation Agréement. securing debt: Retain the property and [explain]:

Case 17-15934 Doc 1 Filed 05/23/17 Entered 05/23/17 13:47:28 Desc Main Document Page 51 of 67

Debto	r <u>Diane</u>		Turner	Case number (if
1	First Name	Middle Name	Last Name	known)
Part 2:	List Your Unexpire	ed Personal Property Leas	es	
inform	ation below. Do not list		leases are leases that	y Contracts and Unexpired Leases (Official Form 106G), fill in the are still in effect; the lease period has not yet ended. You may U.S.C. § 365(p)(2).
De	escribe your unexpired	personal property leases		Will the lease be assumed?
Le	essor's name:			□ No □ Yes
	escription of leased operty:			
Le	essor's name:			□ No □ Yes
	escription of leased operty:			
Le	essor's name:			□ No □ Yes
	escription of leased operty:			
Le	essor's name:			□ No □ Yes
	escription of leased operty:			_
Le	essor's name:			□ No □ Yes
	escription of leased operty:			_
Le	essor's name:			□ No □ Yes
	escription of leased operty:			_
Le	essor's name:			□ No □ Yes
	escription of leased operty:			_
Part 3:	Sign Below			
	ler penalty of perjury, I perty that is subject to		my intention about any	property of my estate that secures a debt and any personal
×	/s/ Diane Turner		*_	
5	Signature of Debtor 1		Siç	gnature of Debtor 2
[Date 5/23/2017 MM/DD/YYYY		Da	MM/DD/YYYY

Case 17-15934 Doc 1 Filed 05/23/17 Entered 05/23/17 13:47:28 Desc Main Document Page 52 of 67

B2030 (Form 2030) (12/15)

UNITED STATES BANKRUPTCY COURT

		Nortnern	District of Illinois		
In re	Diane Turner		Case No.	·	
_	Debtor			(If know	n)
			Chapter	Chapter	r 7
	DISCLOSURE OF	COMPENSA	TION OF ATTORNE	Y FOR DEBT	OR
1	. Pursuant to 11 U.S.C. § 329(a) and compensation paid to me within or rendered or to be rendered on behavior	ne year before the filing	of the petition in bankruptcy, or ac	greed to be paid to me,	for services
	For legal services, I have agreed to	accept			\$1,465.00
	Prior to the filing of this statement	I have received			\$0.00
	Balance Due				\$1,465.00
2	The source of the compensation pa	aid to me was:			
	✓ Debtor	Other (s	pecify)		
3	. The source of the compensation pa	aid to me is:			
	✓ Debtor	Other (s	pecify)		
4	I have not agreed to share the amembers and associates of my		ensation with any other person unl	ess they are	
		aw firm. A copy of the a	tion with a other person or person greement, together with a list of th		
5	. In return for the above-disclosed fe	e, I have agreed to reno	ler legal service for all aspects of th	ne bankruptcy case, inc	luding:
	 a. Analysis of the debtor's final bankruptcy; 	ancial situation, and rer	dering advice to the debtor in dete	ermining whether to file	a petition in
	b. Preparation and filing of an	y petition, schedules, s	tatements of affairs and plan which	n may be required;	
	c. Representation of the debte	or at the meeting of cred	ditors and confirmation hearing, an	nd any adjourned hearin	igs thereof;
6	s. By agreement with the debtor(s), th	e above-disclosed fee o	does not include the following serv	vices:	
		CEF	RTIFICATION		
	I certify that the foregoing is a completor(s) in this bankruptcy proceedings		reement or arrangement for payme	ent to me for representa	ation of the
	5/23/2017		/s/ Sean McNulty		
_	Date		Signature of Attorney	,	
			Semrad Law Firm Name of law firm		
			ivaille Oi law IIIII		

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7: Liquidation

	\$245	filing fee
	\$75	administrative fee
+	\$15	trustee surcharge
	\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form - the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form - sometimes called the *Means Test* - deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

	\$1,167	filing fee
+	\$550	administrative fee
	\$1,717	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes.
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury - either orally or in writing in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://www.justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to:
http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit
20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Case 17-15934 Doc 1 Filed 05/23/17 Entered 05/23/17 13:47:28 Desc Main Document Page 57 of 67

UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

In re:	Turner, Diane Debtor(s)	Case No	
		Chapter.	Chapter7
	VERIFICA	ATION OF CREDITOR MAT	RIX
Ti knowledge	he above named Debtors hereby verify t e.	nat the attached list of creditors is tru	ue and correct to the best of their
Date:	5/23/2017	/s/ Turner, Diane Turner, Diane Signature of Debt	or

MERRICK BK POB 9201 OLD BETHPAGE, NY, 11804

CCB/BLAIR | 220 Hickory St., Warren, PA, 16366

SEVENTH AVENUE PO Box 800849 c/o M. E. Bennett Dallas, TX, 75380

AFNI, INC. PO Box 3517 Bloomington, IL, 61702

CB/BEDFAIR PO BOX 182789 COLUMBUS, OH, 43218

COMENITYBK/JESSLON PO BOX 182746 COLUMBUS, OH, 43218

COMENITY BANK/WOMNWTHN 4590 E BROAD ST COLUMBUS, OH, 43213

CONVERGENT OUTSOURCING 10750 HAMMERLY BLVD #200 Houston, TX, 77043

SYNCB/CAR CARE SYN CAR PO Box 960061 Orlando, FL, 32896

Regional Acceptance Co 1420 E Fire Tower Road Greenville, NC, 27858

Stroger Hospital of Cook County 1900 W Polk Street Chicago, IL, 60612 City of Blue Island 13051 Greenwood Ave Blue Island, IL, 60406

TCA Health, Inc 1029 E 130th St Chicago, IL, 60628

Santander Consumer USA ATT POC: Janiscia Jackson PO Box 961245 Fort Worth, TX, 76161 Case 17-15934 Doc 1 Filed 05/23/17 Entered 05/23/17 13:47:28 Desc Main Document Page 60 of 67

Document Turner

Middle Name

Part 6: Answer These Questions for Reporting Purposes 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as 16. What kind of debts do "incurred by an individual primarily for a personal, family, or household purpose." you have? No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. No. Go to line 16c. Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts. 17. Are you filing under No. I am not filing under Chapter 7. Go to line 18. Chapter 7? Do you estimate that Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative after any exempt expenses are paid that funds will be available to distribute to unsecured creditors? property is excluded ☐ No. and administrative expenses are paid that Yes. funds will be available for distribution to unsecured creditors? 1-49 1,000-5,000 25,001-50,000 V 18. How many creditors 50-99 5,001-10,000 50,001-100,000 do you estimate that 100-199 you owe? 10,001-25,000 More than 100,000 200-999 \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion 19. How much do you \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion estimate your assets to be worth? \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion 20. How much do you \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion estimate your liabilities to be? \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion Sign Below Part 7: I have examined this petition, and I declare under penalty of perjury that the information provided is true and For you correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code, I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 357.1-/s/ Diane Tume Signature of Debtor 1 Signature of Debtor 2 5/23/2017 Executed on Executed on MM / DD / YYYY MM / DD / YYYY

Debtor 1 Diane

First Name

Case 17-15934 Doc 1 Filed 05/23/17 Entered 05/23/17 13:47:28 Desc Mai

Fill in this information to identify your case:					
Debtor 1	Diane		Tumer		
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States Bankruptcy Court for the:		Northern	District of Illinois		
Case number (ff known)			(State)		

Official Form 106Dec

Check if this is an amended filing

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Par	t: Sign Below	
	Did you pay or agree to pay someone who is NOT an attorney to I	nelp you fill out bankruptcy forms?
	☑ No	
	Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
	Under penalty of perjury, I declare that I have read the summary that they are true and correct.	and schedules filed with this declaration and
×	/s/ Diane Turner & Law Willy	x
	Signature of Debtor 1	Signature of Debtor 2
	Date 5/23/2017 MM/DD/YYYY	Date MM/DD0000
	MINIONITI	MM/DD/YYYY

Debtor 1		17-15934	Doc 1	Filed 05/23/17 Document	Entered 05/23/17 1 Page 62 of 67	.3:47:28	Desc Main
Deptor i	First Name	. Mido	lle Name	Last Name	Case number (if known)		
	hin 2 years before ditors, or other pa		kruptcy, did y	ou give a financial statem	ent to anyone about your busing	ess? Include a	Il financial institutions
✓	No Yes. Fill in the det	ails below.					
		-		Date issued			
	Name		· · · · · · · · · · · · · · · · · · ·	MM/DD/YYYY	-		
	Number Street			_			
	City	State .	Zip Code		•		•
Part 12:	Sign Below						
true	and correct. I unde kruptcy case can	rstand that mak	ing a false sta	tement, concealing prope	nents, and I declare under penal erty, or obtaining money or prop 20 years, or both. 18 U.S.C. §§ Signature of Debtor 2	erty by fraud i	n connection with
	Date 5	/23/2017			Date		
Did y	ou attach addition	al pages to Your	Statement of	Financial Affairs for Indivi	duals Filing for Bankruptcy (Off	cial Form 107)?

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?



Yes. Name of person

Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Case 17-15934 Doc 1 Filed 05/23/17 Entered 05/23/17 13:47:28 Desc Main Document Page 63 of 67

Deproi	Diane		Turner	Case number (if
1	First Name	Middle Name	Last Name	known)
Part 2:	List Your Unexpire	d Personal Property Leas	es	
For any	unexpired personal pr	operty lease that you listed in	Schedule G: Executory	Contracts and Unexpired Leases (Official Form 106G), fill in the
assume	an unexpired persona	real estate leases. Unexpired I property lease if the trustee	leases are leases that a does not assume it. 11 L	re still in effect; the lease period has not yet ended. You may .S.C. § 365(p)(2).
Des	scribe your unexpired p	personal property leases		Will the lease be assumed?
Les	sor's name:			□ No □ Yes
	cription of leased .			
Les	sor's name:			□ No □ Yes
	cription of leased perty:			
Les	sor's name:			□ No □ Yes
	cription of leased perty:			
Less	sor's name:			☐ No ☐ Yes
	cription of leased perty;			
Less	sor's name:			☐ No ☐ Yes
	cription of leased erty:			
Less	or's name:	AMA (MARAMATA) (1964 - 1964 - 1964 - 1964 A AMABA (MARAMATA) (1964 - 1964 - 1964) phaba (Alaba (Maramata) (19 Tanga (Maramata) (1964 - 1964 - 1964 - 1964) phaba (1964 - 1964) phaba (1964 - 1964) phaba (1964) phaba (19		□ No □ Yes
Desc	cription of leased erty:			
Less	or's name:			□ No □ Yes
Desc				
rt 3: 3	Sign Below			
Under prope	penalty of perjury, I derty that is subject to a	eclare that I have indicated m n unexpired lease.	y intention about any pro	operty of my estate that secures a debt and any personal
	o/ Diane Turner	rare Jury	lee * Signal	ure of Debtor 2
Dat	e 5/23/2017		Date	

MM/DD/YYYY

MM/DD/YYYY

Case 17-15934 Doc 1 Filed 05/23/17 Entered 05/23/17 13:47:28 Desc Main Document Page 64 of 67
UNITED STATES BANKRUPTCY COURT
Northern District of Illinois

In re:	Turner, Diane	Case No
	Debtor(s)	
		Chapter. Chapter7
	VERIF	CATION OF CREDITOR MATRIX
T nowledge		y that the attached list of creditors is true and correct to the best of their
	•	
ate:	5/23/2017	/s/ Turner, Diane Allau Mr
		Tumer, Diane

Case 17-15934 Doc 1 Filed 05/23/17 Entered 05/23/17 13:47:28 Desc Main Document Page 65 of 67 Debtor 1 Diane Case number (if known) First Name Middle Name Column A Column B Debtor 1 Debtor 2 or non-filing spouse 8. Unemployment compensation \$0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you ... \$0.00 For your spouse \$0.00 9.Pension or retirement income. Do not include any amount received that was a \$1,554.00 benefit under the Social Security Act. 10.Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. +\$0.00 Total amounts from separate pages, if any. 11. Calculate your total current monthly income. Add lines 2 through 10 for \$1,898.42 \$1,898.42 each column. Then add the total for Column A to the total for Column B. **Total current** monthly income Part 2: Determine Whether the Means Test Applies to You 12. Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income from line 11. Copy line 11 here → \$1,898.42 Multiply by 12 (the number of months in a year). X 12 12b. The result is your annual income for this part of the form. 12b. \$22,781.04 13 Calculate the median family income that applies to you. Follow these steps: Illinois Fill in the state in which you live. Fill in the number of people in your household. Fill in the median family income for your state and size of 13. \$66,487.00 household. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 14. How do the lines compare? Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Go to Part 3 and fill out Form 122A-2. Sign Below Part 3: By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. /s/ Diane Turner Signature of Debtor Signature of Debtor 2 Date 5/23/2017 Date 5/23/2017

Official Form 122A-1

MM/DD/YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2. If you checked line 14b, fill out Form 122A-2 and file it with this form.

MM/DD/YYYY

Case 17-15934 Doc 1 Filed 05/23/17 Entered 05/23/17 13:47:28 Desc Main CONTRACT FOR LEGALINGERV (CES) FOR REPRESENTATION

IN A CHAPTER 7 BANKRUPTCY CASE

I do hereby retain the law firm of The Semrad Law Firm, LLC to represent my legal interests solely in a Bankruptcy case filed under Chapter 7 of the United States Bankruptcy Code. I further understand that this representation DOES NOT INCLUDE defending my interests in any adversary proceeding filed against me nor does this representation cover state court proceedings or criminal litigation.

I understand that The Semrad Law Firm, LLC is not going to charge me for time spent prior to the filing of my Chapter 7 case preparing and filing my petition. I also understand that The Semrad Law Firm, LLC may incur costs for such items as credit reports and tax transcripts for which it will not seek reimbursement.

After the bankruptcy case is filed, I understand that I will be presented with a second retainer agreement to pay The Semrad Law Firm, LLC \$1,465.00

attorney fees plus any necessary post-petition costs to represent my interests including preparation and amendment, if necessary, of schedules; preparation and attendance of the Section 341 Meeting of Creditors; review and attendance, if necessary, to motions for stay relief; review of any redemption agreements; review of any reaffirmation agreements; case administration and monitoring, motions to reopen, if necessary, as well as a post discharge review of my credit report to ensure accurate reporting. I further understand and agree that additional professional legal services will result in additional fees that are due The Semrad Law Firm, LLC. Some of the additional services and fees are as follows:

Representation in an Adversary Proceeding. \$350.00/hr. Adding additional bills \$31.00 Motion to Reopen and Avoid Lien \$1000.00

I have been presented to two options regarding the filing fees of \$335.00 payable to the Bankruptcy Court. I have elected to either,

1. Pay the costs directly to the bankruptcy court either all at once, or apply to pay these costs in installments;

or

2. Request that the firm pay these costs on my behalf after filing for which it will seek reimbursement from me.

I understand that once my bankruptcy is filed, I will not be legally obligated to pay any fees to The Semrad Law Firm, LLC and not paid as of the filing of the bankruptcy, they will be discharged in the bankruptcy and may not be collected by The Semrad Law Firm, LLC or it assignees. After my bankruptcy is filed, I may sign a second retainer agreement promising to pay fees for the remainder of my representation in consideration of services to be performed by The Semrad Law Firm, LLC after the filing of my bankruptcy. I understand that I will be under no obligation to do so and can refuse to sign such an agreement. However, The Semrad Law Firm, LLC reserves the right to withdraw from my representation in the event that I do not sign a second retainer within 10 days after the filing of my case. I have been advised that I have a right to consult other counsel before I sign the second retainer. Further, if I do not wish for The Semrad Law Firm, LLC to represent me, I always have the right to seek any other legal counsel.

I further understand that the fee to be paid pursuant to the terms of this Contract is a flat fee, and that this fee shall immediately become the property of The Semrad Law Firm, LLC, in exchange for a commitment by The Semrad Law Firm, LLC, to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC, and will be used for general expenses of the firm.



As The Semrad Law Firm, LLC has duties to me as its client, I likewise have responsibilities. I agree to fully cooperate with The Semrad Law Firm, LLC This includes, but is not limited to, providing The Semrad Law Firm, LLC with all information necessary and related to my bankruptcy case. In addition, I must attend all scheduled Court hearings and meetings.

I understand that I am to notify my creditors of my bankruptcy case once my Chapter 7 case is filed. I understand that The Semrad Law Firm, LLC is not liable or responsible for any illegal collection actions taken by my creditors once my case is filed.

I also understand that, if I am filing a joint case, the use of the personal pronouns "I", "me" or "my" are binding upon each signatory individually. I also understand that the laws of the State of Illinois are applicable to enforcement of this contract. Moreover, any change in this Contract is null and void unless it is in writing and signed by The Semrad Law Firm, LLC or an agent thereof.

Date: 05/23/2017

nt Wan Mrk Client

Attorney

D.T